



Memorial Garden Burial Site Reservation Form

Please complete this form for each Memorial Site being reserved. The cost is \$500.00 per site. This fee includes a nameplate.

Date _____

Full name of person to be buried _____

Address _____

City, State, Zip _____

Telephone _____

Date of Birth _____

The Church should contact the following person in the event of my death:

Name _____

Address _____

Telephone Number _____

Email _____

A nameplate will be placed on the Memorial Garden wall plaque. Please print the name exactly how you wish it to appear on the plaque.

Please return this completed form with a check made payable to **St. Paul's Episcopal Church**

St. Paul's Episcopal Church
305 West 7th Street
Chattanooga, Tennessee 37402

If you need further assistance, please contact the church office at 423-266-8195.

Office Use
Date Paid _____
Amount Paid _____