

# All Saints' Memorial Garden Registration Form

I \_\_\_\_/We \_\_\_\_ wish to have my/our cremated remains, in a container or urn, buried in All Saints' Memorial Garden.

Name:

Name:

Address:

Address:

City, State:

City, State

Birth Date

Birth Date

---

Funeral Arrangements have been made at:

---

---

Emergency Contact:

---

Name:

Relationship:

Address:

City, State

Telephone:

---

The Memorial Garden  
All Saints' Episcopal Church  
475 Main Street  
Johnson City, NY 13790-1999  
607-797-3354

Website: [AllSaintsJCNY.org](http://AllSaintsJCNY.org) Email: [AllSaintsJCNY@aol.com](mailto:AllSaintsJCNY@aol.com)

