



Red Clay Creek
Presbyterian Church

500 McKennan's Church Road
Wilmington, DE. 19808

302.998.0434
office@rccpc.org
www.rccpc.org

MEMORY GARDEN APPLICATION

"Even though I walk through the shadow of death, I fear no evil; for thou art with me." (Psalm 23:4a)

I. APPLICATION

Date _____

I hereby request the placement of the cremated remains of:

Last name	First name	Middle name
-----------	------------	-------------

Individual's date of birth: Month _____ Day _____ Year _____

Individual's Social Security Number: _____

into the Red Clay Creek Presbyterian Church Memory Garden.

I attach the donation of \$_____. (Make check payable to RCCPC with notation- Memory Garden)

Applicant's name: _____ Signature: _____

Address: _____

Phone # _____ Email _____ Relationship to deceased: _____

II. ARRANGEMENTS FOR PLACEMENT

I, the applicant, have read and do agree to abide by the rules governing the Red Clay Creek Presbyterian Church Memory Garden. I have made all other interested parties aware of these rules.

I, the applicant, request that these cremains be placed according to the following:

_____ Scatter (in full) throughout the RCCPC Memory Garden

OR

_____ Scatter in various locations with only a portion in the RCCPC Memory Garden

Office use only

III. ACCEPTANCE

The Red Clay Creek Presbyterian Church of Wilmington, Delaware, acknowledges receipt of the application for the cremated remains of:

Last name _____ First _____ Middle _____

To be placed in the RCCPC Memory Garden. A donation of \$ _____ has been received on _____.

Permission is hereby granted, subject to the rules for the use of the Memory Garden. Arrangements for committal of ashes shall be made through the RCCPC office.

This application and acceptance shall be preserved in a permanent file in the RCCPC office. A duplicate copy will be sent to the applicant (or heirs).

Date: _____ Approval by: _____

Pastor or Memory Garden Board member

.....

To be completed upon placement of cremains.

Name of deceased _____

Date of birth _____ Date of death _____

Funeral Home _____ Address _____

Placement date _____ Pastor's signature _____

Plaque placed date _____ by _____

Death Certificate rec'd _____ Certificate of Cremation rec'd _____

Paperwork forwarded to Cemetery Company date _____ by _____

Adopted, August 2024