

# AGREEMENT FORM FOR TRICKETT MEMORIAL GARDEN

## *THIS IS A DRAFT*

Noel Memorial United Methodist Church  
520 Herndon Street  
Shreveport, Louisiana 71101

Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
between Noel Memorial United Methodist Church, Shreveport, LA and

\_\_\_\_\_ (participant).

The church acknowledges receipt of the donated sum of \$\_\_\_\_\_ and gives permission to the participant to have placed in the Trickett Memorial Garden the ashes after cremation of

Name of  
designee: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death \_\_\_\_\_

The participant acknowledges reading and understanding the terms and conditions and agrees to be bound thereby.

Signature of Participant \_\_\_\_\_

I have the authority to release the ashes of

\_\_\_\_\_

for placement in the Trickett Memorial Garden.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_