

TRINITY CELEBRATION GARDEN

Trinity Presbyterian Church, 5871 W. Virginia Parkway, McKinney, Texas 75071

APPLICATION TO PURCHASE A MEMORY PLAQUE

(Please Print Clearly - Separate Application Required for Each Memory Plaque)

Full Name of Applicant: _____ Application No.: M - _____
(LEAVE BLANK)

Street Address: _____ City, State, Zip: _____

Telephone: (____) _____ Alt. No.: (____) _____ E-Mail : _____

Memory Plaque Location (Subject to Approval): SECTION _____ COLUMN _____ ROW _____

Eligibility for Purchase: TPC Member _____; OR Former TPC Member _____ in years _____ -- _____;

OR Relative of TPC Member (name) _____ Relationship _____

Full Name of Eligible Person to be Memorialized:

Name _____

Date of Birth _____ Date of Death _____
(month-day-year) (month-day-year)

Last Address _____ City, State, Zip _____

Relationship to Applicant _____

Terms of Purchase:

1. The Applicant agrees to comply with all terms as stated in the Policies and Procedures governing operation of the Trinity Celebration Garden as now existing or which may exist in the future are a part of this application for all purposes, and acknowledges receipt of a copy of the existing Policies and Procedures.
2. The Applicant understands and acknowledges that Trinity Presbyterian Church and its authorized agents and representatives shall be liable only for acts of gross negligence and intentional wrongdoing, and in no event shall any such party be liable for any monetary awards in excess of the reservation fee paid by the applicant.
3. The Applicant agrees to pay a one-time fee for each Memory Plaque in the TCG upon approval of the Application.

Applicant's Signature: _____ Date: _____

COMPLETE ALL INFORMATION REQUESTED ABOVE - DO NOT WRITE IN THIS BOX

Application Received by: _____ Date _____ Time _____

Application Approved by Columbarium Committee: Date _____ Certificate No. M - _____

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MEMORY PLAQUE INSCRIPTION ORDER FORM – M

Subject to the Policies and Procedures of the Trinity Celebration Garden, you are hereby requested and authorized to engrave upon the face cover the following identifying inscription as requested by the Holder(s) of the Certificate for Memory Plaque.

Memory Plaque Location: SECTION _____ COLUMN _____ ROW _____

Position: Centered MIDDLE

Name: _____

(Length may be limited due to number of spaces/characters)

Date of Birth: _____

(month-day-year)

Date of Death: _____

(month-day-year)

I certify that the above inscription text is correct and any changes shall be made at my expense.

Signed: _____ Date: _____

Authority for request (*check one*): ___ Owner of Right; ___ Owner’s Heir; ___ Executor; **OR** ___ Administrator.

COMPLETE ALL INFORMATION REQUESTED ABOVE - DO NOT WRITE IN THIS BOX

Inscription Order Form Received by: _____ for the TCG Committee

Date _____ Time _____

Certificate No. M - _____