

MEMORIAL GARDEN APPLICATION

Iona-Hope Episcopal Church Inc.,
9650 Gladiolus Drive, Fort Myers, Florida, 33908

Date _____

TO: Rector
Iona-Hope Episcopal Church Inc.,
9650 Gladiolus Drive, Fort Myers, Florida, 33908

I/We _____, herewith apply for use of a Single/Double Niche
Number _____ in the Memorial Garden and Columbarium of Iona-Hope Episcopal Church Inc

I/We have been given, and understand, the TERMS AND CONDITIONS pertaining to use of The
Memorial Garden space,

And I/WE will set forth the information requested for the Memorial Garden records.

(Signed) _____ (Signed) _____

(Print) _____ (Print) _____

Address: _____

Requested space is intended for the cremated remains of:
(Please show name as you wish it to appear on the niche plaque.)

Name _____ Name _____

Date of Birth _____ Date of Birth _____

Date of Death _____ Date of Death _____

Date of Burial _____ Date of Burial _____