



# THE CHRIST CHAPEL MEMORIAL GARDEN

## Committal Service Request

Christ Chapel Memorial Garden  
800 West College Avenue  
Saint Peter, MN 56082

### DECEDENT'S INFORMATION (DESIGNATED PERSON #1)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Date of Death)

### EXECUTOR'S INFORMATION

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (ZIP)

\_\_\_\_\_  
Cell Home Phone (Email)

### INURNMENT SITE

Inurnment in the Christ Chapel Memorial Garden Niche Number \_\_\_\_\_

### URN

Please choose one of the following options:

- Purchasing an urn from Gustavus Adolphus College.  
Cost of an urn is \$100. Urn will be stored in the  
Chaplain's Office until it is needed for use.

- Supplying an urn.  
Urns must be no bigger than 5.5 inches by 5.5 inches by 11.5 inches and constructed of  
metal, ceramic, glass, or another material approved by the College. Please contact Tricia  
Bergeson with questions at tbergeso@gustavus.edu or 507-933-7513.

#### OFFICE USE ONLY

Payment of \$ \_\_\_\_\_ for urn received  
(By) \_\_\_\_\_  
(Date) \_\_\_\_\_

### BEFORE INURNMENT

The Executor must send a copy of the Decedent's death certificate. A copy may be sent to:

**Gustavus Adolphus College**  
**Attn. Finance Office**  
**800 West College Ave**  
**Saint Peter, MN 56082**



**COMMITTAL SERVICE**

Gustavus Adolphus College is honored to help you and your loved ones plan a committal service. Please direct all questions regarding committal services to the Office of the Chaplains at 507-933-7446 or email memorialgarden@gustavus.edu.

Please list your preferred dates: \_\_\_\_\_

Please choose committal service (check one):

- We are arranging for a minister or faith leader to conduct the service.

Name: \_\_\_\_\_

Faith tradition: \_\_\_\_\_

Contact Information: \_\_\_\_\_

- We request a Gustavus Adolphus College Chaplain to conduct the service.

Gustavus Chaplains will conduct a brief committal service in a Christian/Lutheran tradition. Please note any special considerations about the faith background of the person being inurned below.

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# THE CHRIST CHAPEL MEMORIAL GARDEN

## Committal Service Request

Christ Chapel Memorial Garden  
800 West College Avenue  
Saint Peter, MN 56082

### DECEDENT'S INFORMATION (DESIGNATED PERSON #2)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Date of Death)

### EXECUTOR'S INFORMATION

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP)

\_\_\_\_\_  
Cell    Home Phone

\_\_\_\_\_  
(Email)

### INURNMENT SITE

Inurnment in the Christ Chapel Memorial Garden Niche Number \_\_\_\_\_

### URN

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Please list your preferred dates: \_\_\_\_\_

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- We are arranging for a minister or faith leader to conduct the service.

Name: \_\_\_\_\_

Faith tradition: \_\_\_\_\_

Contact Information: \_\_\_\_\_

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