



THE CHRIST CHAPEL MEMORIAL GARDEN

Inurnment Agreement

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

PURCHASER #1

(Name)

(Address)

(City)

(State)

(ZIP)

(Phone)

(Email)

PURCHASER #2

(Name)

(Address)

(City)

(State)

(ZIP)

(Phone)

(Email)

INURNMENT SITE

Inurnment in the Christ Chapel Memorial Garden Niche Number(s) _____

DESIGNATED PERSON(S)

The Ashes of the following Designated Person(s) may be Inurned in the site

(First and Last Name)

(Eligibility Criteria and Detail)

(First and Last Name)

(Eligibility Criteria and Detail)

GUSTAVUS 
GUSTAVUS ADOLPHUS COLLEGE

ELIGIBILITY

Inurnment in the Christ Chapel Memorial Garden is limited to Eligible Persons, as defined in the Policies and Procedures adopted by the College.

1. Current/former Gustavus Adolphus College student: _____
(List graduation year)
2. Family member of current/former student: _____
(List relationship to the current/former student)
3. Current/former Gustavus Adolphus College employee: _____
(List years of employment)
4. Family member of current/former employee: _____
(List relationship to current/former employee)
5. Friends of the college: _____
(List relationship to College)

Purchaser named above hereby purchases the right to use the Inurnment Site designated in the Gustavus Adolphus College Memorial Garden for the sole purpose of Inurnment of the Ashes of the Designated Person(s). The Inurnment Site is reserved with the payment of \$2,000 per Designated Person, receipt of which payment is hereby acknowledged. The Purchaser acknowledges by his or her signature below that this Agreement is subject to the Policies and Procedures of the Christ Chapel Memorial Garden.

(Signature of Purchaser #1)

Date

(Signature of Purchaser #2)

Date

ELIGIBILITY

Payment of \$ _____ was received.

An additional gift of \$ _____ was received for the Christ Chapel Memorial Garden Fund to be used for on-going maintenance of the Memorial Garden and the Christ Chapel facility.

Accepted by the College on the _____ day of _____, 20____, subject to the terms and conditions set forth in the Policies and Procedures of the Christ Chapel Memorial Garden, incorporated by reference.

(By)

(Title)

INSCRIPTION REQUEST

(Niche Number(s))

If two urns are being placed in a double niche names should be inscribed (check one):

_____ In the position shown above, no matter the order of the inurnment.

_____ The person inurned first should be inscribed on the upper half, no matter the order shown on this form.

Approval

Date