



THE EDEN GARDEN SOCIETY INC.

24 Omana Avenue
Epsom
Auckland
1023

Tel: 09 638 8395
memorials@edengarden.co.nz
www.edengarden.co.nz

PROPOSAL FOR MEMORIAL

I/We hereby confirm a Memorial at Eden Garden in the name of:

--

whose name is to appear on the plaque as above.

MEMORIAL TYPE AND LOCATION:			
Selected: Shrub, Tree, Rock, Wall		Species:	
Path name: Location:			Map Ref:
PROPOSER:			
Name			
Address:			
Phone Number:		Email:	
Relationship with/to person "in memorial of":			
Placement of additional plaques/ashes may only proceed with the written approval of original proposer or his/her heir(s), executor(s), or agent(s).			

I/we have read and agree to the conditions of the Memorial made by The Eden Garden Society.

Signed:		<i>Proposer</i>
Signed:		<i>Memorial Officer</i>

FOR OFFICE USE ONLY			
Terms & Conditions given: YES	Ashes to inter:	EG Box given:	Ceremony: Date:
Ashes Placed by: PROPOSER	Date of original memorial:	Additional to:	
Amount:	Account No: 24/	Date Paid Receipt No.:	Plaque Order no.: Date:
Database:	Membership:	PDF Scan:	Note: