

**Our Savior Lutheran Church Memorial Garden  
Lansing, Michigan**

**APPLICATION Form**

**Today's Date** \_\_\_\_\_

**Name of person to be buried** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Date of Death** \_\_\_\_\_

**Date/Time desired for burial service** \_\_\_\_\_

**Wishes to use a biodegradable container:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Relationship to Our Savior Lutheran Church:**

Member \_\_\_\_\_ Member's Family Member \_\_\_\_\_ Friend \_\_\_\_\_

**Name of person making the request** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email address** \_\_\_\_\_

***Payment of all fees is expected to accompany the Memorial Garden application.***

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**For Office Use Only**

Authorization Granted: Y N

Scheduled Date/ Time: \_\_\_\_\_

Pastor Signature: \_\_\_\_\_

OSL Current Member Burial Fee: Paid \$500

Non Member Burial Fee: Paid \$750

Date: \_\_\_\_\_