

Memorial Garden Application Form – Our Savior Lutheran Church, Lansing, MI

Date of application: _____

Fees: OSL Member burial-\$500.
Non-member burial-\$750.

Full Name of person to be buried _____

Name to be printed on name plate _____

Date of Birth _____ **Date of Death** _____

Relationship to Our Savior Lutheran Church:

Member _____ Member's Family Member _____ Friend _____

Name of person making the request _____

Address _____

Phone Number _____ **Cell** _____

Email address _____

Desired date/time of burial service** _____

**inquire to the church office as to what dates and times are available

Payment of all fees payable to Our Savior Lutheran Church is expected to accompany the Memorial Garden application.

For Office Use Only

Authorization Granted: Y N

Scheduled Date/ Time: _____

Pastor Signature: _____

OSL Member Burial Fee: Paid \$500

Non Member Burial Fee: Paid \$750

Date: _____

NOTES: