Memorial Wall
Request for Name Plaque and/or Cinerarium

Participation in the Memorial Wall is limited to Church members, contributing friends, and their immediate family members. Other persons with a significant relationship to the church will also be considered. There is currently no cost for Memorial Wall Tiles, though contributions for maintenance of the Wall are always appreciated. Should you choose to donate, please mention "Memorial Wall" on the memo line or in the notes section.

Please contact the Church Administrator if you have any questions (505-705-3549 or admin@uuabq.org).

I request inclusion in the Memorial Wall for the individual named below:

Name _____

Relationship: _____
Please indicate your relationship to this person (husband, wife, daughter, self, etc.)

Please prepare the following:

☐ **Name Plaque** (tile), inscribed: _____
NAME (as it will appear on the plaque)

Birth Year_____ Death Year_____

Name Plaque (tile) location:
You may also request that this tile be located near the tile of a loved one. If applicable, please print their name below:

_____

☐ **Cinerarium** *(cremated remains to be placed in the wall)*

Conditions and Stipulations

The Church agrees to provide a location for ashes currently placed in the Cinerarium and to maintain the name plaque tiles to the best of its ability for as long as it exists as a church; however, the structure or location may be changed. There is no provision for the separation of ashes and once placed, they cannot be removed. The Church will keep records of those persons whose ashes have been placed in the cinerarium. The Church will not be liable for loss or damage to the cinerarium or to the plaques from any cause such as vandalism, accidents, the elements, or mishaps out of its reasonable control with the exception of its own willful neglect or misconduct.

By signing below, I affirm that I understand these conditions and stipulations and agree to them.
If applicable, I also certify that I have the legal right to direct disposal of the cremains of the person named above.

_____ _____ _____
PRINTED NAME OF REQUESTOR SIGNATURE DATE

_____ _____
EMAIL ADDRESS PHONE

If this request is future planning for yourself, please provide a person to contact upon your death: and share a copy of this form with them:

_____ _____
PRINTED NAME CONTACT INFO (Email or phone)