

Memorial Wall Request for Name Plaque and/or Cinerarium

The memorial wall honors those who have been involved in (or with) this church community. There is currently no cost for Memorial Wall plaques, though contributions for maintenance of the Wall are always appreciated. If you choose to donate, please note "Memorial Wall" on the donation.

Please contact the Church Administrator if you have any questions (505) 884-1801 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, nephew, etc.) If you are pre-arranging for yourself, please print "SELF" on this line.

Please prepare the following:

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

Birth Year _____ Death Year _____

Location:

You may also request that this tile be located near the tile of a loved one whose tile is already on the wall or who has submitted a form to pre-arrange their future participation. If applicable, please print their name below:

Yes, Cinerarium (cremated remains to be placed in the wall) By signing below, I certify that I have the legal right to direct disposal of the cremains of the person named above.

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.

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)