

CITY OF GALESBURG

EAST LINWOOD CEMETERY SCATTERING GARDEN AGREEMENT

Remains to be Scattered _____

Date of Birth _____ Date of Death _____

Section _____ Price _____

*Additional name to be engraved on Monument

Name _____

Date of Birth _____ Price _____

PRE-PAID AGREEMENT

Remains to be Scattered _____

Date of Birth _____

Section _____ Price _____

The undersigned referred to as "Purchaser" agrees to authorize the scattering of cremated remains of the above in East Linwood Cemetery's Scattering Garden and to memorialize the person/persons named at said cemetery. The privileges acquired are subject to the rules and regulations in effect at East Linwood Cemetery.

Purchaser _____

Address _____

I certify that all the next of kin of the decedent named above agree with the scattering of his/her cremated remains and I shall hold East Linwood Cemetery harmless from any claim whatsoever in connection with said scattering.

Signature _____

Accepted this _____ day of _____, 20____.

East Linwood Cemetery

by _____