



Memorial Garden
Request for Inhumation

Name of Person to be Inhomed: _____

Date of Birth: _____ Date of Death: _____

Date requested for Inhumation: _____

Name of Person requesting Inhumation: _____

Address: _____

Phone and Email: _____

Please PRINT clearly, in the box below, the name for the bronze nameplate that will be added to the plaque in Strong Chapel. (Titles and dates are not included)

[Empty rectangular box for nameplate text]

Please include a short biography of the person being inhomed on the back of this form to be included in the Memorial Garden records.

Lake Louise Memorial Garden Fees:

Fee for Inhumation and Name Plate: \$300.00

Fee for optional Memorial Tree: \$200.00

Please make check out to "Lake Louise" for the above fees and include with this completed form.

Please list any other Special Requests in regards to this Inhumation: _____

For Lake Louise Office Use Only
Date Inhumation Request Received: _____
Fees Paid (Amount): _____ [] Check# _____ [] Credit Card [] Cash

