



Certificate of Memorial

This certificate of memorial is granted and agreed to this _____ day of _____, 20____ by and between Grace Episcopal Church of Kirkwood, St. Louis County, Missouri, a religious corporation and a parish of the Episcopal Diocese of Missouri, and _____ of _____.

Grace Episcopal Church agrees to have engraved on the granite face of a wall plaque in space W-_____ the name and the years of birth and death of the person so named whose remains are interred elsewhere than the Grace Church Columbarium as follows:

(Name of deceased, as it should be engraved.)

_____ - _____
(year of birth) (year of death)

In consideration of the reservation of such space on the memorial plaque, _____ agrees to pay Grace Church \$250 (plus the cost of engraving.)

In witness whereof this agreement has been executed as of the day of the year first above written.

Grace Episcopal Church of Kirkwood, Missouri

By: _____
Senior Warden

Attest: _____
Parish Assistant

Name of Applicant (please print)

Applicant's address

Applicant's signature