

CITY OF GALESBURG

City Clerk's Office

Operating under Council - Manager form of Government since 1957

East Linwood Scattering Garden Purchase & Scattering Agreement

Remains to be scattered _____

Former Address _____

Date of Birth _____ Date of Death _____

Section _____ Price _____

Additional name to be engraved on monument*

*Fee for addition of date of death and scattering of cremated remains will be charged at time of second scattering

Scattering Garden Fees are as follows

Sections I & II \$395.00 for each cremains

Sections III & IV \$345.00 for each cremains

Additional name and birth date on monument at time of first scattering \$25.00

Scattering of additional cremains and engraving of date of death at later date will be charged at time of second scattering . There is an additional fee of \$85.00 for scattering performed on Saturday, Sunday, or legal holiday. 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 _____ Telephone # _____

Address _____

I certify that all the next of kin of the decedent named above are in agreement 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 _____

East Linwood Cemetery by _____

Your check payment may be processed as an electronic fund transfer. Your original check will not be returned by your financial institution. Funds may be debited from your bank account on the same day the payment is received.