

Exhibit A
Avon United Methodist Church Columbarium and Memorial Garden
Certificate of Right to Inurnment

The Board of Trustees of Avon United Methodist Church, Avon, Indiana, (AUMC), an unincorporated association existing under the laws of the State of Indiana and having a religious columbarium and memorial garden (AUMC's) on a portion of its property at 6850 E US Highway 36, Avon, IN, in consideration of the payment to AUMC of the Certificate fee, the receipt of which is acknowledged, hereby grants to _____ (Grantee(s)) a burial right to use Niche No. _____ or in-ground Placement No. _____ in the AUMC Columbarium or Memorial Garden for the inurnment of the cremated remains of the Grantee's and/or other persons (Eligible Persons) subject to the provisions, conditions, and limitations of the Rules for the use of the Columbarium and Memorial Garden at AUMC (Columbarium and Memorial Garden Rules) which are attached hereto and as the same may from time to time be amended or revised by the Columbarium Committee of AUMC.

The Grantee(s), by accepting this Certificate, acknowledge(s) that he/she/they has/have read the Columbarium and Memorial Garden Rules, agree(s) to be bound thereby, and agree(s) that the granted burial right to use the niche or in-ground space shall be subject to the Columbarium and Memorial Garden Rules, as now in effect or as from time to time amended or revised. The Grantee(s) has/have prepared the attached Registry Information Sheet on the form which is attached and represents and agree(s) that it identifies the Eligible Person whose remains are to be inurned in the niche and that AUMC may conclusively rely on the information set forth herein or as the same may be revised by written notice from the Grantee(s) to Avon United Methodist Church.

Avon United Methodist Church

By _____
Representative of the AUMC Memorial Garden Committee

Form C
Avon United Methodist Church
Memorial Garden Application

Name: _____

Address: _____

Having received and read the Rules of the Columbarium and Memorial Garden of Avon United Methodist Church, recognized that he/she is eligible to receive a Certificate of Right to Inurnment under Rule A of the Columbarium Rules, hereby applies to purchase a burial right for placement in the AUMC Memorial Garden and submits this application form with:

1. Payment of the Certificate Fee of \$ _____; and
2. A completed Registry Information Sheet in the form attached.

The designee whose remains are to be interred in the Memorial Garden is:

Name

Address

Name

Address

Signed: _____

Dated the _____ day of _____

Bottom portion to be completed by Avon United Methodist Church

This application and a check in the amount of \$ _____ were received on

_____ at _____
Date Time

Signed: _____

Form D
Avon United Methodist Church
Memorial Garden Registry Information Sheet

In-ground Placement No. _____

Applicant(s), Grantee(s) and/or Eligible Person(s) are responsible for
keeping the information on this registration sheet current.

Grantee 1

Grantee 2

(Name as Inscribed on Niche)

(Name as Inscribed on Niche)

Name and Address of Grantee:

Name and Address of Grantee:

Date of Birth: _____

Date of Birth: _____

Date of Death: _____

Date of Death: _____

Complete the following information if applicable.

Name and Address of Spouse:

Name and Address of Spouse:

Name and Address of person designated
In Grantee's will or Power of Attorney as
legal representative, if known:

Name and Address of person designated
in Grantee's will or Power of Attorney as
legal representative, if known:

Form D (Cont.)
Avon United Methodist Church
Memorial Garden Registry Information Sheet

Name and Address of Eligible Person:

Relationship of Eligible Person to Grantee
Check one:

- ☐ Spouse
☐ Child/Step-Child
☐ Parent/Step-parent
☐ Grandparent/Step-grandparent
☐ Grandchild/Step-grandchild

Name and Address of Eligible Person:

Relationship of Eligible Person to Grantee
Check one:

- ☐ Spouse
☐ Child/Step-Child
☐ Parent/Step-parent
☐ Grandparent/Step-grandparent
☐ Grandchild/Step-grandchild

Name and Address of Eligible Person:

Relationship of Eligible Person to Grantee
Check one:

- ☐ Spouse
☐ Child/Step-Child
☐ Parent/Step-parent
☐ Grandparent/Step-grandparent
☐ Grandchild/Step-grandchild

Name and Address of Eligible Person:

Relationship of Eligible Person to Grantee
Check one:

- ☐ Spouse
☐ Child/Step-Child
☐ Parent/Step-parent
☐ Grandparent/Step-grandparent
☐ Grandchild/Step-grandchild

Signed _____

Dated _____