Grace Ev. Lutheran Church 5600 W. Palmaire Ave., Glendale, AZ





The following individual(s), having examined the Rules, Policies and Regulations governing the Columbarium and Memorial Garden at Grace Ev. Lutheran Church, Glendale, AZ, agree to abide by said Rules, Policies and Regulations.

With this understanding, we are requesting approval for the person(s) named below to be inurned within Grace's Columbarium.

Name of requesting per or Grantee:	son	Representative		 Date
Representative/Grantee Contact Information: Phone Number, Email, Address				
Name of person(s) to be	e inurned:			
		Grantee (1)		Date
		Grantee (2)		Date
Grantee (1) I am currently or was a member of Grace:				
C 1 (2) 1			Yes	No
Grantee (2) I am currently or was a member of Grace:			Yes	 No
If "no" above, are you a (Note: Church Council A				
Grantee (1)	 -			
	Yes	No		
Grantee (2)	Yes	 No		
Name of current WELS c				
Name			City, State	
If Grantee (2) is not a W	ELS Church Me	mber, please state relatio	onship to Grar	ntee (1):
Request Approved:	 'es	 No		
	C3	INO	_	
Signed By:			Da	ite:

Grace Ev. Lutheran Church Official