



Type of Ceremony

___ Scattering ___ Interment (Please see attached rules and procedures for more information.)

Requested date and time of ceremony: _____

The University is not responsible for the scattering or interment of ashes, or any ceremonies associated with such scattering or interment.

DISCLAIMER OF WARRANTIES

The University makes no representation, or warranties regarding memorials, vases, urns, outer burial containers, or other products sold by any outside vendor. The University does not extend any warranties for products supplied by, or services performed by, any outside vendor.

AUTHORIZATION:

I certify that I have received and reviewed a copy of the Memorial Grove Policies and Procedures and agree to abide by the terms contained therein. I further certify to the best of my knowledge that all of the information provided on this application is true and correct.

Signature _____ Printed Name _____ Date _____

Mail the completed Application along with 1) a **non-refundable** application fee of **\$350.00** [\$250.00 if the \$100.00 reservation fee has already been paid], and 2) a signed Request and Authorization for the Scattering or Burial of Cremated Remains to:

University of North Carolina at Chapel Hill Property Office
103 Airport Drive, CB #1060
Chapel Hill, NC 27599-1060

If you need further assistance, please call the University Property Office at (919) 966-3296.