P.O. Box N-6145
Nassau, Bahamas
(242) 603-0028
ebenezermethodistchurch242@gmail.com
www.ebenezermethodist.org

Today's Date: _____
DD / MMM / YYYY

Ebenezer Member: ☐ YES ☐ NO

APPLICATION FOR BURIAL/INTERMENT IN EBENEZER CEMETERY

DECEASED Information (Please PRINT)

TYPE OF INTERMENT
☐ Casket/Burial
☐ Urn/Interment

Name: _____

Birth Date: __ __ / __ __ / __ __ __ __ (DD / MM / YYYY) Passing Date: __ __ / __ __ / __ __ __ __ (DD / MM / YYYY)

RELATIVE Information (Please PRINT)

Relation to the Deceased:
☐ Mother/Father ☐ Aunt/Uncle
☐ Son/Daughter ☐ Spouse
☐ Sister/Brother ☐ Other: _____
☐ Niece/Nephew

Applicant's Name: _____

Address : _____

P.O. Box : _____ Cell: ___-_____ Home: ___-_____ Work: ___-_____

Email : _____

FUNERAL HOME Information *(Please PRINT)*

Funeral Home Officiating: _____

Funeral Location/Church: _____

Funeral Home Contact Person: _____ Cell: ___-_____ Work: ___-_____

Date of Funeral: __ __ / __ __ / __ __ __ __ (DD / MM / YYYY) Expected Time of Funeral: __ __ : __ __ AM PM

BURIAL Information *(Please PRINT)*

Date of Burial: __ __ / __ __ / __ __ __ __ (DD / MM / YYYY) Time of Burial: __ __ : __ __ AM PM

Grave Location: _____ Row _____ Plot _____

Name on Grave being interred: _____

Special Notes: _____

_____

_____

Disclaimer/Signature: I have read the information below and agree to all rules, requirements, stipulations and policies as outlined.

Applicant's Signature: _____ Date: _____

Payment: ☐ Cash ☐ Cheque ☐ Direct Deposit **Total Paid: _____ Receipt #:_____**

INFORMATION
(BURIALS/INTERMENT)

- **Information:** Application is hereby made for the interment/burial for the individual named on this form to be held in the Cemetery at Ebenezer Methodist Church, Shirley Street, Nassau, Bahamas.

- **Approval:** The time and date of the burial/interment must be approved **before** any plans for the burial/interment are finalized, or any announcement is made. No burials/interment are allowed to take place in Ebenezer Methodist Church before 1:00 p.m. on any given Sunday.

- **Fee:** A 'gate fee' of ***$500*** allows the family and the funeral home access to the cemetery to prepare the appropriate grave plot for burial/interment.

- **Time:** The graveyard is accessible every day from 9:00 a.m. to 5:00 p.m. No burial is allowed before 2:00 p.m. on any given Sunday.

- **Errors:** It is the responsibility of the **family** and the **Funeral Home** to ensure that the remains of the deceased that are interred/buried are placed in the correct grave plot. Ebenezer Methodist Church accepts **NO** responsibility for any remains that are incorrectly buried/interred. The family and/or funeral home will be financially responsible to correct any errors made concerning interment/burial.

- **Liability:** Ebenezer Methodist Church accepts **NO** responsibility for any damage/injury sustained while on Ebenezer premises/property and the applicant hereby releases the Church from any and **ALL** liability for such damage/injury.

"HITHERTO HATH THE LORD HELPED US"

Office Use Only

☐ Map Attached

Minister's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____