

**Application Form for keeping of remains of foetus
in the garden of remembrance in the Catholic Cemetery**

Part I (to be completed by the Applicants)

To: The Supervisor of Holy Cross Catholic Cemetery

Dear Sir/Madam,

I would like to apply for keeping the remains of foetus of my child _____ (name) of _____ weeks in the garden of remembrance of the above Catholic Cemetery. The particulars required for my application are as follows:

(a) Name of the Catholic Parent(s) (please enclose a copy of the Marriage Certificate and the Baptism Certificates):

1. _____

2. _____

(b) Name of Hospital holding the remains of foetus:

(c) Name of Undertaker (if any):

(d) Dimensions of Container in keeping the remains of foetus:

_____ mm (length) _____ mm (width) _____ mm (height)

(e) Material of the Container:

The container is made of _____

(f) Intended date and time of delivering the remains to cemetery:

Date: _____ Time: _____

I would like to apply / do not apply*for the name of the child to be displayed in the memorial plaque (size to be determined by the cemetery office).

Regards,

1) Name of Applicant: _____ 2) Name of Applicant _____

Signature: _____ Signature: _____

Date: _____ Date: _____

(*delete as appropriate)

Part II (to be read and signed by the applicants)

**Conditions for keeping remains of foetus in the garden of remembrance
in the Catholic Cemetery**

- a. A garden of remembrance is a communal place of rest in the Catholic Cemetery designated for keeping remains of foetus of less than 24 weeks after conception.
- b. No specific lot would be allocated to each individual remains of foetus. Any location within a garden of remembrance will be subject to reuse for keeping other remains of foetus in future.
- c. Any container used in keeping the remains of foetus should be made of organic and decomposable material. Metal, stone, plastic or other non-decomposable material is not allowed. Size of the container should not be more than 230mm (length) x 110mm (width) x 110mm (height).
- d. As the remains of foetus will return to nature, they will rest in the garden of remembrance for good.
- e. No provision of marker stone for each individual remains of foetus will be made. However the name of the remains of foetus can be marked in a memorial plaque within the garden of remembrance upon application.
- f. The use of garden of remembrance shall be governed by the Rules of Catholic Cemeteries and subject to chargeable fees as prescribed by the Diocesan Board of the Catholic Cemeteries from time to time.

I fully acknowledge and understand all the above conditions and agree to abide by them.

1) Name of Applicant: _____ 2) Name of Applicant _____
Signature: _____ Signature: _____
Date: _____ Date: _____

**Part III (To be completed by Parish Priest / Assistant Parish Priest /
Permanent Deacon)**

I am satisfied that the applicant is a Catholic and endorse the above data.

Name:

Signature with Parish Chop:

Date:

Approval by the Chairman of Diocesan Board of Catholic Cemeteries

Signature:

Date: