

**THE FALLS CHURCH ANGLICAN
CONTRACT OF PURCHASE AND PERPETUAL CARE
FOR BURIAL OF ASHES IN THE BURIAL GROUND
OF THE MEMORIAL GARDEN**

In consideration of the payment of \$ _____ by

_____ (the "Applicant(s)"),
the receipt of which is acknowledged, The Falls Church Anglican Church, Falls
Church Virginia (the "Church"), through its Rector, agrees to provide:

_____ space(s) in the Burial Ground of the Memorial Garden for the
ashes of (list names and relationships of those anticipated to occupy the spaces in
the Burial Ground):

- (1) _____
- (2) _____
- (3) _____

[] By checking this box, the Applicant(s) acknowledge that they have received,
read and accepted the **FALLS CHURCH ANGLICAN COLUMBARIUM AND
MEMORIAL GARDEN POLICIES (THE "POLICIES")** and that the Policies, which may
be modified from time to time by the Church, shall govern and are the basis for
this Contract.

The Applicant(s) may at any time change the list of names of those whose ashes
are anticipated to occupy the space in the Burial Ground of the Memorial Garden,
so long as those listed are "Eligible Persons" as defined in the Polices.

The Applicant(s) may not assign or transfer any right under this Contract without
the written permission of the Church. Any person (including an assignee,
designee, heir or devisee) who acquires any right of the Applicant(s) in accordance
with this Contract, or otherwise as provided by law, shall be subject to all terms
and conditions of this Contract and the Policies.

APPLICANT (Print): _____

(Sign): _____ Date: _____

ADDRESS: _____

PHONE NO: _____ E-MAIL: _____

APPLICANT (Print): _____

(Sign): _____ Date: _____

ADDRESS: _____

PHONE NO: _____ E-MAIL: _____

If available, Applicant(s) hereby request Burial Ground Space Number(s) _____

as illustrated on the attached "Memorial Garden Burial Ground Layout" Exhibit.

Please provide detailed contact information for at least two persons (e.g., next of kin) who may be contacted in addition to the Applicant(s) with regard to this Contract.

NAME: _____ E-MAIL: _____

ADDRESS: _____ PHONE NO: _____

NAME: _____ E-MAIL: _____

ADDRESS: _____ PHONE NO: _____

THE FALLS CHURCH ANGLICAN:

APPROVED BY: _____ **DATE:** _____

TITLE: _____

BURIAL GROUND SPACE NUMBER(S) ASSIGNED: _____