

Grace Garden

A COLUMBARIUM AT

FIRST UNITED METHODIST CHURCH OF GEORGETOWN
410 EAST UNIVERSITY AVENUE, GEORGETOWN, TEXAS 78626



LIMITED POWER OF ATTORNEY AND AUTHORIZATION FOR RELEASE OF CREMAINS

(For dual inurnments, please include both names of the inurnees)

I (We), the undersigned, _____,
hereby grant a limited power of attorney to the Senior Pastor or designee as a
representative of Grace Garden, First United Methodist Church of Georgetown, 410
East University Avenue, Georgetown, Texas 78626 ("Grace Garden"), to take
possession of the cremains of _____
for inurnment at Grace Garden, a columbarium at First United Methodist Church of
Georgetown. I hereby further authorize the employees, representatives, or agents of
any funeral home, crematorium or any other institution or entity with possession of
the cremains to release the cremains to the representative named above.

Signature (s): _____

Relationship to Inurnee: Self _____ Son/Daughter _____ Other _____

Date: _____

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority,
on _____, _____, by _____.
Month/Day *Year*

Notary Public, State of Texas

Signature _____