

**Application Form for keeping of remains of foetus in Angels' Garden
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 Angels' Garden at 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 Angels' Garden
in the Catholic Cemetery**

- (a) Angels' Garden 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 the Angels' Garden 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 Angels' Garden for good.
- (e) No provision of marker stone for individual set of remains of foetus will be made. However the name of the foetus can be marked on a memorial plaque within the Angels' Garden upon application.
- (f) The use of Angels' Garden 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 Diocesan Board of Catholic Cemeteries

Signature: _____ Date: _____