JACKSON ALAN STANDEFER '21 REFLECTION GARDEN

Memorial Authorization Form

ELIGIBILITY VERIFICATION FOR MEMORIALIZING THE DECEASED:

by birth date and death date on second line. Nicknames must be approved.			
Alternate requested plaque name (please print)			
Male \square Female \square	Date of Birth		Date of Death
Affiliation with Mc0 ☐ Alumnus/Studen	Callie School: t; assigned graduatio	n year	
☐ McCallie Employe	ee from	to	; Title
☐ Special Circumsta	ance		
Standefer '21 Reflec	I have received and agree	ee to abide by th	of the McCallie Policy for the Jackson Alan e terms contained therein. I further certify to wided on this application is true and correct.
Signature			Date
☐ Service ☐ Scatte	ering of Ashes on (red	quested date) _	authority to authorize the disposition of the
			that once the scattering of ashes is complete, hers will be scattered in the same site.
Signature			Date
A SHOOL SHAW WAR AND A STANKE OF	LLIE	Staff Appro	val and Authorization
		received or covered	by designated memorial giving from family/friends. A pre
	_		
gift from			
gift from was received on (dat	re)	for a fu	ture reserved plaque (no refunds if not used).
gift from was received on (dat	re)d/attached \square Ordered	for a fu	ent
gift from was received on (dat Plaque copy approve A private service will	d/attached	for a fu	
gift from was received on (dat Plaque copy approve A private service will The family will condu	d/attached Ordered be conducted on (date) _ act a scattering of ashes a	for a function function function for a function fun	ent