

**Catholic Cemetery - Application Form for the keeping remains / cremated ashes of**  
**Foetus in Angels' Garden**

**Part I (to be completed by the Applicants)**

To: The Supervisor of the Holy Cross Catholic Cemetery

Dear Sirs/Madam,

I would like to apply for the keeping of the \*foetal remains / cremated ashes 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/Premises holding the foetal remains/cremated ashes: \_\_\_\_\_

(c) Name of Undertaker (if any): \_\_\_\_\_

(d) Dimensions of Container for keeping the \*foetal remains / cremated ashes:  
\_\_\_\_\_ mm (length) x \_\_\_\_\_ mm (width) x \_\_\_\_\_ mm (height)  
(Cremated ashes should be contained in biodegradable paper container)

(e) Material of the Container:

The container is made of \_\_\_\_\_

(f) Intended date and time of delivering the \*remains / cremated ashes to the cemetery:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

I do / do not\* wish to apply for the display of my child's name on the memorial wall (*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 / cremated ashes of Foetus in Angels' Garden**

- (a) Angels' Garden is a communal place of rest in the Catholic Cemetery designated for keeping remains / cremated ashes of foetus less than 24 weeks after conception.
- (b) No specific lot would be allocated to each individual set of foetal remains / cremated ashes. Any location within the Angels' Garden will be subject to reuse for keeping other remains / cremated ashes of foetus in the future.
- (c) Any container used in keeping the foetal remains / cremated ashes should be made of organic and decomposable material. Metal, stone, plastic or other non-decomposable materials is not allowed. Size of the container should not be more than 230mm (length) x 110mm (width) x 110mm (height) (Cremated ashes should be contained in biodegradable paper container).
- (d) As the foetal remains / cremated ashes returns to nature, they will rest in the Angels' Garden for good.
- (e) There will not be any provision of marker stone for individual set of foetal remains / cremated ashes. However, the name of the foetus can be displayed on a memorial wall at 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 and approved by the Food and Environmental Hygiene Department from time to time.

I fully acknowledge and understand all the conditions above 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 / Deacon)**

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

Signature with Parish Chop: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval by the Diocesan Board of Catholic Cemeteries**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_