

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

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 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 foetal remains: _____

(c) Name of Undertaker (if any): _____

(d) Dimensions of Container used to keep the foetal remains: _____mm (length) x _____mm (width) x _____mm (height)

(e) Material of the Container:

The container is made of _____

(f) Intended date and time of delivering the remains 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 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 less than 24 weeks after conception.
- (b) No specific lot would be allocated to each individual set of foetal remains. Any location within the Angels' Garden will be subject to reuse for keeping other remains of foetus in the future.
- (c) Any container used in keeping the foetal remains 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).
- (d) As the foetal remains 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. 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.

Name: _____ Signature with Parish Chop: _____
Date: _____

Approval by the Diocesan Board of Catholic Cemeteries

Signature: _____ Date: _____

