



APPLICATION FOR CERTIFICATE OF RIGHT OF INURNMENT

(Please Type or Print Clearly – Separate Application Required for Each Niche)

Full Name of Applicant _____

Mailing Address _____

Telephone _____ Fax _____

E-Mail Address _____

Full Name of Eligible Person or Persons Who Will Be Inurned:

Person 1: Name _____

Address _____

Relationship to Applicant _____

Person 2: Name _____

Address _____

Relationship to Applicant _____

Terms of Purchase

1. Full Payment Submitted with Application.

2. The Applicant agrees that the Columbarium Rules, Policies and Regulations governing operation of the Columbarium as now existing or which may exist in the future are a part of this application for all purposes, and acknowledges receipt of a copy of the existing Rules, Policies and Regulations. Specifically Applicant acknowledges that persons named above are eligible for inurnment.

Applicant Signature _____ Date _____

DO NOT WRITE IN THIS BOX

Application Received by: _____ Date _____ Time _____ am/pm

Application Approved by Columbarium Committee: Date _____

Applicant Notified of Action by: _____ Date _____ Certificate No. _____