



## 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. \_\_\_\_\_