

Effective September 22, 2011

**APPLICATION TO PURCHASE A RIGHT OF INURNMENT
OR MEMORIAL PLAQUE**

Full Name of Applicant _____ Application # _____

Street Address _____ City, State, Zip _____

Telephone _____ Fax No. _____ Email _____

Niche Requested (Subject to Approval): Section _____ No. _____

Memorial Plaque (Subject to Approval): Section _____ No. _____

Designee(s): The Niche/Memorial Plaque is designated for the following persons(s):

Name: _____

Date of Birth _____ Date of Death _____

Status (Check one) Current Member__ Previous Member__ Ordained Clergy__

Immediate Family Member of Qualified Member__

Name: _____

Date of Birth _____ Date of Death _____

Status (Check one) Member__ Previous Member__ Ordained Clergy__ Immediate

Family Member of Qualified Member _____

Terms of Purchase:

1. Full Payment of _____ submitted with application or deposit of _____ with remainder due at later date. (See copy of Schedule of Fees.)

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.

3. The Applicant understands and acknowledges that Christ United Methodist Church and its authorized agents and representatives shall be liable only for acts of gross negligence and intentional wrongdoing, and in no event shall any such party be liable for any monetary awards in excess of the reservation fee paid by the applicant.

Applicant's Signature, Date _____

Application Received by: _____

Application Approved by Columbarium Committee:

Date _____