

NICHE(S) # \_\_\_\_\_

# TRINITY EPISCOPAL CHURCH COLUMBARIUM

## Application Form

Applicant Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant's Next of Kin: \_\_\_\_\_ Telephone: \_\_\_\_\_

I (we) have received, read, and understand the Rules for the Use of the Trinity Episcopal Church Columbarium and hereby apply to use a Niche or Commonly Covered Multiple Niche Space therein.

I (we) request space to accommodate up to \_\_\_\_\_ urns in \_\_\_\_\_ niche(s).

**Designee** (person/s to be inurned):

Family Name: \_\_\_\_\_ Given Name(s) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Suffix such as Jr. or II may be included. Prefix such as Rev. or Dr. or suffix such as Ph.D. or MD may not be included)

Relationship of Designee to Applicant: \_\_\_\_\_

I (we) submit with this Application Form:

1. Certificate of Right to Inurn
2. Inscription Order Form
3. \$ \_\_\_\_\_ in payment for the selected niche(s)

Signed \_\_\_\_\_, Applicant Date \_\_\_\_\_

\_\_\_\_\_, Applicant Date \_\_\_\_\_

Application Accepted \_\_\_\_\_, Rector Date \_\_\_\_\_

\_\_\_\_\_, Warden Date \_\_\_\_\_