

Columbarium Application
Reservation of Niches



Date: _____

Name: _____
 Last First Middle

Street Address: _____

City:_____ State: _____ Zip Code: _____

Telephone: Home: _____ Cell: _____

Requested Number of Niches to be reserved _____

for internment of _____

Preference of Location: _____

Paid in full: _____ Payment plan requested: _____

Note: Columbrium Committee will assign spaces close to preferred location based on availability and pirocity