

APPLICATION FOR RESERVATION OF COLUMBARIUM NICHE (S)
(A separate application must be completed for each niche)

I hereby apply to reserve a niche in the Lutheran Church of the Redeemer Columbarium/Memorial Garden. I understand that this application is subject to approval by the Columbarium/Memorial Garden Board of Trustees. I also understand that if this application is accepted, the purchase and use of the niche will be subject to the Columbarium/Memorial Garden Policies and Regulations. I have been furnished and have read a copy of those Policies and Regulations, and understand that the Policies and Regulations may be changed at any time by the Board of Trustees, without notice.

Applicant Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Business _____ Mobile _____

Niche Number requested*: _____ Price: \$750.00 Date Paid _____ CK# _____

*(Location of niches will be assigned by Columbarium Memorial Garden Trustees by location preferences in the order in which full payment is received.)

I enclose a check in the total amount due and made payable to Lutheran Church of the Redeemer Columbarium Fund.

Date: _____ Signature of Applicant: _____

Date Approved: _____

Signature of Trustee Board Member: _____

Family Contact: Name: _____

Phone: _____

Email: _____

Certificate Mailed: _____

Tax Letter Mailed: _____
Date _____
Date _____