

**APPLICATION TO RESERVE SPACE IN THE COLUMBARIUM**

**OF DAVIDSON COLLEGE PRESBYTERIAN CHURCH**

Date of application \_\_\_\_\_

Name of person making this application: \_\_\_\_\_

Address and telephone number \_\_\_\_\_

(\_\_\_) I wish to reserve niche space within the Columbarium.

(\_\_\_) I wish to reserve the right to scatter ashes in set-apart areas of the Columbarium.

Full name of the person for whom space is desired: \_\_\_\_\_.

Requested space use: Each niche can accommodate up to two containers of ashes.

( ) Single niche; ( ) Niche shared with \_\_\_\_\_; ( ) Scattering.

[Cost: \$1000]

[Cost: \$1500]

[Cost: \$300]

Make checks payable to Davidson College Presbyterian Church

The undersigned applicant, individually and/or acting on behalf of another named above, acknowledges having received and read the *Details of Operation* established by the Session of the Davidson College Presbyterian Church for its Columbarium, and agrees that acceptance of this application and issuance of a *Certificate of Reservation* shall be subject to those *Details of Operation* and any subsequent amendments thereto.

Signature of Applicant/Representative \_\_\_\_\_

**For office use only**

***Certification of Eligibility by Columbarium Committee:***

[ ] Permanent – DCPC member, pastor/former pastor, clergy participant in DCPC, or non-member spouse of one of the above.

[ ] As long as a dependent child of one of the above. (To be reviewed at age 21.)

by \_\_\_\_\_, on \_\_\_\_\_  
(Signing for Columbarium Committee after membership review)

***Received by DCPC on \_\_\_\_\_(date) at \_\_\_\_\_(time), by \_\_\_\_\_.***

***Payment received: \$ \_\_\_\_\_, on \_\_\_\_\_(date), by \_\_\_\_\_.***