

Application for Use of Columbarium

Date: _____

Name of Person Completing the Application:

Address: _____

Phone: _____ Email: _____

Name and Contact Information for Other Personal Representative or Family Member:

Address: _____

Phone: _____ Email: _____

Name and Contact Information for Other Personal Representative or Family Member:

Address: _____

Phone: _____ Email: _____

Notes:

Name of Person Whose Ashes Will Be Placed in Columbarium:

Birth Date: _____ Death Date: _____

Cost \$1,200.00

Request consultation regarding costs

Niche Assigned # _____

Niche Engraved

Application for Burial of Ashes in Memorial Garden Ground

Date: _____

Name of Person Completing the Application:

Address: _____

Phone: _____ Email: _____

Name and Contact Information for Other Personal Representative or Family Member:

Address: _____

Phone: _____ Email: _____

Name and Contact Information for Other Personal Representative or Family Member:

Address: _____

Phone: _____ Email: _____

Notes:

Name of Person Whose Ashes Will Be Placed in the Memorial Garden Ground:

Birth Date: _____ Death Date: _____

Cost \$600.00

Request consultation regarding costs

Tree of Life Leaf Engraved

Application for Tree of Life Leaf Engraving

Date: _____

Name of Person Completing the Application:

Address: _____

Phone: _____ Email: _____

Notes:

Name to be Engraved on Tree of Life Leaf:

Recommended Cost \$100.00

Amount Paid Other than Recommended Cost: _____

Tree of Life Leaf Engraved

Application for Paver Stone Engraving

Date: _____

Name of Person Completing the Application:

Address: _____

Phone: _____ Email: _____

Notes:

Name to be Engraved on Paver Stone:

Recommended Cost \$50.00

Amount Paid Other than Recommended Cost: _____

Paver Stone Engraved

Application for Memorial Garden and Columbarium Special Gift

Date: _____

Name of Person Completing the Application:

Address: _____

Phone: _____ Email: _____

Notes:

Amount of Special Gift: _____

Special Gift Acknowledgment Sent