

# ST. JOSEPH/ST. THERESE CATHOLIC CHURCH COLUMBARIUM SUBSCRIPTION APPLICATION AND MEMORIAL PLATE INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Application Date \_\_\_\_\_

The above named acknowledges payment of \$2,200.00 (Two thousand two hundred dollars) as payment-in-full for access to a niche in the St. Joseph/St. Therese Columbarium including the memorial plate. The niche will accommodate the cremated remains of one or two persons. One urn will be supplied for the ashes of each person inurned in the niche.

It is understood that by executing this request and making payment in full of the subscription fee the subscriber(s) acknowledges/acknowledge and accept the policies and regulations set forth in the attached document: *St. Joseph / St. Therese Catholic Church Columbarium Policies and Regulations.*

The St. Joseph/St. Therese Columbarium Board assumes no responsibility or obligation for the cremation of the subscriber(s). Such arrangements must be made between the subscriber and/or his/her estate representative with a funeral director of choice.

## MEMORIAL PLATE INFORMATION

Please **print** complete information as shown on the sample plate.

Surname: \_\_\_\_\_

Name on first scroll \_\_\_\_\_

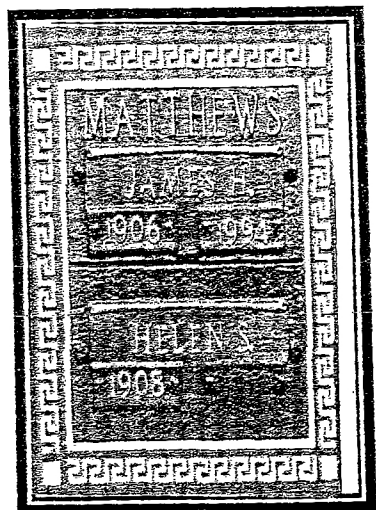
Year of: Birth \_\_\_\_\_ Death \_\_\_\_\_

Name on second scroll \_\_\_\_\_

Year of: Birth \_\_\_\_\_ Death \_\_\_\_\_

Niche preferences: UNIT# 1 1<sup>st</sup> # \_\_\_\_\_ 2<sup>nd</sup> # \_\_\_\_\_  
 UNIT# 2 1<sup>st</sup> # \_\_\_\_\_ 2<sup>nd</sup> # \_\_\_\_\_

(See attached Niche Layout)



Subscription Manager \_\_\_\_\_

Date \_\_\_\_\_