COLUMBARIUM APPLICATION FORM

First Name:		Last Name:			
Address:					
City:		State:		Zip:	
Phone:					
Email Address:					

The above named acknowledges payment of $2200 (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. This 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) acknowledge and accept the policies and regulations set forth in the document (CLICK LINK TO VIEW):

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(s) and/or his/her estate representative with the funeral director of choice.

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PLEASE COMPLETE THIS INFORMATION
AS YOU WOULD LIKE TO HAVE IT ON YOUR MEMORIAL PLATE

SUBSCRIBER 1

LAST NAME:

FIRST NAME:

MIDDLE INITIAL:

YEAR of BIRTH:

YEAR of DEATH:

SUBSCRIBER 2

LAST NAME (if different from above):

FIRST NAME:

MIDDLE INITIAL:

YEAR of BIRTH:

YEAR of DEATH:

NICHE NUMBER(S)

UNIT 1 (1st Choice):

UNIT 1 (2nd Choice):

UNIT 2 (1st Choice):

UNIT 2 (2nd Choice):

Signature of SUBSCRIBER:

Date:

SAVE, PRINT, and SIGN - then return completed form to
Maureen Bounds

For St. Joseph Office Use Only

APPROVED By St. Joseph Staff: _____

Date Approved: _____