

ST. MARY'S CATHOLIC CHURCH
COLUMBARIUM APPLICATION AND MEMORIAL PLATE DATA

Name(s) _____

Address _____

Phone number: _____ Application Date _____

The St. Mary's Columbarium Board acknowledges receipt of \$ _____ as payment in full for Niche # _____ in the St. Mary's Columbarium and memorial plates for installation thereon.

The niche will accommodate the cremated remains of one or two persons. One urn will be supplied for the ashes of each person interred in the niche.

It is understood that, by executing this request and making payment in full of the subscription fee, the subscribers(s) acknowledges and accepts the Columbarium Policies and Regulations provided with this application.

The St. Mary's Columbarium Board assumes no responsibility for the cremation, or any associated funeral expenses, of the subscriber(s). Such arrangements should be made between the subscriber(s) or his/her estate representative with a funeral director of their choice.

MEMORIAL PLATE INFORMATION:

Please fill information shown in example on right.

Surname: _____

First Name # 1 _____

Birth M/D _____ Death M/D _____

Birth Year _____ Death Year _____

First Name # 2 _____

Birth M/D _____ Death M/D _____

Birth Year _____ Death Year _____

MATTHEWS	
JAMES HAROLD.	
Jan. 14, 1907	Mar. 28, 2000
MARY CAVANAUGH	
April 3, 1909	Dec. 12, 2001

SUBSCRIBER

SUBSCRIBER

COLUMBARIUM REPRESENTATIVE

DATE