

GRACE LUTHERAN CHURCH

APPLICATION TO PURCHASE A RIGHT OF INTERMENT

Name of Subscriber _____

Street Address _____

City, State, Zip _____

Telephone (_____) _____ e-mail _____

Niche Requested (Subject to Approval): (Row A-F)/(Column 1- 12) ____/____

Name(s) of Eligible Person(s) expected to be interred. This data is required for application purposes; however the granite niche cover will be engraved using the names as provided later on an Individual Inscription Order Form.

Person I

Last Name _____ First and Middle Initial _____

Date of Birth _____
(Month, Year) (xx,xxxx) Relationship to Subscriber _____

Person II

Last Name _____ First and Middle Initial _____

Date of Birth _____
(Month, Year) (xx,xxxx) Relationship to Subscriber _____

Subscriber's Signature _____ Date _____

I wish to have my surname immediately etched on my niche faceplate **YES NO**
(please circle either YES or NO)

1. Full Payment of \$_____ submitted with application by : Check (#_____)
2. Applicant agrees that the Columbarium Rules, Policies and Regulations governing operation of the Columbarium as not existing or which may exist in the future are a part of this application for all purposes and acknowledges receipt of a copy of the existing Rules of Operation.
3. Make Check Payable to: Grace Lutheran Church
For: Niche Subscription