

The Columbarium of St. Andrew Presbyterian Church

300 W. Oak Street, Denton, Texas 76201

Application to Purchase a Right of Inurnment

(Please Print Clearly-Separate Application Required for Each Niche)

Full Name of Applicant: _____ Application No.: _____

(Leave Blank)

Street Address: _____ City, State, Zip: _____

Telephone: (____) _____ Fax. No.: (____) _____ E-Mail: _____

Niche Requested (Subject to Approval): Column No. (A-E) _____ Row (1-8) _____

Eligibility for Purchase Due To:

St. Andrew PC Member ____;

OR Former St. Andrew PC Member ____ in years ____--____;

OR Relative of St. Andrew PC Member (name) _____

Relationship _____

Full Name(s) of Eligible Person(s) Who Will be Inurned:

Person 1: Name _____

Address _____ City, State, Zip _____

Relationship to Applicant _____

Person 2: Name _____

Address _____ City, State, Zip _____

Relationship to Applicant _____

Terms of Purchase:

1. Full Payment of \$1,000 _____ submitted with application by: Check (# _____)

(MM/DD/YY)

2. The Applicant agrees that the Columbarium Rules, Policies and Regulations governing operation of the Columbarium as now 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, Policies and Regulations.

3. The Applicant understands and acknowledges that St. Andrew Presbyterian Church and its authorized agents and representatives shall be liable only for acts of gross negligence and intentional wrongdoing, and in no event shall any such party be liable for any monetary awards in excess of the reservation fee paid by the applicant.

Applicant's Signature: _____ Date: _____

Complete all information requested above.

Do not write in this box.

Application Received by: _____ Date _____

Application Approved by Columbarium Committee: Date _____ Certificate No. _____

Individual Niche Inscription Order Form

To the Columbarium Committee of St. Andrew Presbyterian Church:

Subject to the Rules, Policies and Regulations of the Columbarium Committee, you are hereby requested and authorized to have placed upon the plaques covering Niche Number: Column (A-E) _____, Row (1-8) _____, in which the remains of _____ and _____ have been or are registered to be inurned, the engraved inscriptions as follows:

Inscription for First Face Plate Entry (please print carefully):

Name: _____
(First, Middle, Last)

Date of Birth: _____ Date of Death: _____
(Month, xx, xxxx) (Month, xx, xxxx)

[If deceased, remains: _____ are available; OR _____ are not available for inurnment]
[Date of Inurnment: _____] (Leave Blank)

Inscription for Second Face Plate Entry (please print carefully):

Name: _____
(First, Middle, Last)

Date of Birth: _____ Date of Death: _____
(Month, xx, xxxx) (Month, xx, xxxx)

[If deceased, remains: _____ are available; OR _____ are not available for inurnment]
[Date of Inurnment: _____] (Leave Blank)

I certify that the above inscription text is correct and any changes shall be made at my expense.

Signed: _____ Date: _____

Authority for request (check one): Owner of Right; Owner's Heir; Executor; OR Administrator.

Complete all information requested above.

Do not write in this box.

Acknowledged for the Columbarium Committee:

Signed _____ Date _____ Certificate No. _____

Please return completed applications to:

St. Andrew Presbyterian Church, Attn: Columbarium Committee
300 W. Oak Street, Denton, Texas 76201