

APPLICATION FOR COLUMBARIUM NICHE(S)

I hereby apply to reserve _____ niche(s) in the Mount Calvary Lutheran Church ("Mount Calvary") Columbarium. I understand that the Columbarium Program is being coordinated by the Mount Calvary Lutheran Church Foundation ("Foundation") and that this application is subject to approval by Mount Calvary. I have been furnished with and read a copy of the Columbarium Governing Policies. I understand that the Governing Policies may be changed without notice. I also understand that when this application is signed by me and is accepted by Mount Calvary, this application and the Governing Policies together shall constitute an agreement between Mount Calvary and me.

APPLICANT INFORMATION

Name _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number: Home _____ Work _____

Pricing: \$2,000 per niche for one urn. A secondary urn may be added for \$500.

Number of niches: _____ Number of urns in each niche: _____ Total Price:

Other payment Terms: _____ Payment in Full _____ or as agreed
to: _____

The below listed persons to be notified if and when changes to the location or condition of the columbarium occur:

1. _____
Name Address City Zip

2. _____
Name Address City Zip

Enclosed is a check in the above amount made payable to: Mount Calvary Lutheran Church Foundation

Date: _____ Signature of Applicant _____

Application accepted as of the date below: MOUNT CALVARY LUTHERAN CHURCH

Date: _____ By _____