

Sunrise Presbyterian Church

Application for 12"X12" Columbarium Niche

The undersigned hereby applies to reserve a niche in the Sunrise Presbyterian Church Columbarium to be used for the inurnment of the cremains of the person(s) listed below. I understand that the use of the niche shall be subject to the Columbarium Rules, Policies, and Regulation duly adopted by the Session as amended from time to time and agree to be bound by such rules

_____ initial

I understand that, once the application information is fully verified for eligibility and correctness of information, and payment has been received in full, I may select and reserve a specific niche from those available.

_____ initial

Eligible Persons (EP) to be Inurned (Name, address, phone number, relationship to church)

EP 1: _____

EP 2: _____

EP 3: _____

EP 4: _____

A change to any eligible person listed above may only be made by a written request to the church during my (Certificate Holder's) lifetime.

_____ initial

I will inform the Church of any change of address, phone number, or name of this Certificate Holder or of any eligible person for whom the niche is reserved.

_____ initial

I understand that the acceptance of this application is at the discretion of the Session of the Church.

Name (printed), address and phone number of Certificate Holder of the 12'X12' niche

Signature: _____ Date: _____

Signature of Persons to be Inurned or their representative.

1. _____ 2. _____

3. _____ 4. _____

Price: 2 urns \$7500 3 urns \$9000 4 urns \$10,500

Niche(s) requested: _____

Payment may be made by check to Sunrise Presbyterian Church or online at www.oursunrise.org/give/. Be sure to enter "Columbarium in the memo space.

For Church Use Only Date and Time Received _____ Amount received _____

Eligibility & information verified by _____ Date: _____

Sunrise Presbyterian Church

Application for 8" X 8" Columbarium Niche

The undersigned hereby applies to reserve a niche in the Sunrise Presbyterian Church Columbarium to be used for the inurnment of the person(s) listed below.

I understand that the use of the niche shall be subject to the Columbarium Rules, Policies and Regulation duly adopted by the Session as amended from time to time and agree to be bound by such rules.

_____ initial

I understand that, once the application information is fully verified for eligibility and corrected of information and payment has been received in full, I may select and reserve a specific niche from those available.

_____ initial

Person(s) to be inurned

Name in print

Relationship to church

Complete Mailing Address

Telephone number

Name in Print

Relationship to church

Complete Mailing Address

Telephone number

I understand that the name of the person(s) to be inured may only be changed by written request to the church during my lifetime.

_____ initial

I will inform the Church of any change of address, phone number, or names for myself or those persons for whom the niche is reserved.

_____ initial

I understand that this application is at the discretion of the Session of the Church.

Signature, address, and phone number of the applicant

Date

Signature of each person to be inurned or their representative.

One urn: \$5500

Two urns: \$6500

Niche(s) requested: _____

Payment may be made by check to Sunrise Presbyterian Church or online at www.oursunrise.org/give/ Be sure to enter "Columbarium" in the memo space.

For Church Use Only Date and Time Received _____ Amount received _____
Eligibility & information verified by _____ Date: _____