

COLUMBARIUM APPLICATION FORM

ST. JOHN'S EPISCOPAL CHURCH

212 SOUTH GREEN STREET

CRAWFORDSVILLE, INDIANA

COLUMBARIUM APPLICATION

Full Name: _____

Address: _____

Telephone _____

Date of Birth _____ Place of Birth _____

The undersigned Applicant has read St. John's COLUMBARIUM CUSTOMARY, understands and agrees to abide by the rules governing the columbarium and hereby requests the privilege of purchasing _____ niche(s), in the Columbarium located in St. John's Episcopal Church, Crawfordsville, Indiana, at the rate \$500.00 per niche. A check, in the appropriate amount, made payable to the "St. John's Episcopal Church Columbarium Fund" must be submitted with this application. The Applicant understands that the request must first be approved by the Vestry of Saint John's and recorded in the minutes of the Vestry. Upon approval of the application, St. John's will assign the Niche(s) and provide the Applicant with a Certificate of Right to Inter in the Columbarium.

Applicant

Date

Columbarium Committee Chair

Date