

**ST. JOHN'S EPISCOPAL CHURCH COLUMBARIUM
212 SOUTH GREEN STREET
CRAWFORDSVILLE, INDIANA**

COLUMBARIUM APPLICATION

The undersigned Applicant hereby requests the privilege of purchasing Niche Number _____ in the Columbarium located in St. John's Episcopal Church, Crawfordsville, Indiana, at the rate of \$600.00 for the Designee named below. A check made payable to the "St. John's Columbarium Fund," should be submitted with this application. The Applicant understands that the request will be submitted to and 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 and provide the Applicant with a Certificate of Right to Inter in the Columbarium.

The Applicant has received a copy of the Columbarium Customary detailing the rules for the use of the Columbarium and, should the application be approved, agrees to abide by them in all respects.

Designee's Full Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Applicant

Date

Address: _____

Telephone: _____

Columbarium Committee Chair

Date

Enclosures:

Columbarium Customary

Columbarium Niche Map