



# Revised Information Sheet

Original Purchase Date \_\_\_\_\_  
Revision Date \_\_\_\_\_

## PURCHASER

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Identity Info. Driver's License\* \_\_\_\_\_ SSN\* \_\_\_\_\_

Relates to purchase of Niche ID in the Wall to be used to inurn the cremated remains of the following designated person(s) hereafter called "Designee(s)":

<b>Designee #1</b>			
Name	_____		
Address	_____	City	_____ State _____ Zip _____
Phone	Work _____	Home _____	Cell _____
Email	_____		Committal Date _____
Date	Birth _____	Death _____	
Identity Info.	SSN* _____	Driver's License* _____	Death Cert No* _____
Notes	_____		

<b>Designee #2</b>			
Name	_____		
Address	_____	City	_____ State _____ Zip _____
Phone	Work _____	Home _____	Cell _____
Email	_____		Committal Date _____
Date	Birth _____	Death _____	
Identity Info.	SSN* _____	Driver's License* _____	Death Cert No* _____

\* Information requested if applicable, but not mandatory

Prepared pursuant to revised information furnished by

Notes

VERIFIED AS CORRECT

BETHANY UNITED METHODIST CHURCH

\_\_\_\_\_  
Signature of Person Authorizing Change

By \_\_\_\_\_  
(For Columbarium Committee)

\_\_\_\_\_  
Relation to Designee