



Application for Purchase of Niche

Purchase Date _____

PURCHASER _____

Name _____

Address _____ City _____ St. _____ Zip _____

Phone Work _____ Home _____ Cell _____

Email _____

Identity Info. Driver's License* _____ SSN* _____

I desire to purchase one Single niche for \$1700 to be used to inurn the cremated remains of the following designated person(s) hereafter called "Designee(s)":

Designee #1			
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	_____		

* Information requested if applicable, but not mandatory

I have received, read, and understood the Memorial Garden Policies and Procedures adopted September 18, 2005 by the Administrative Board of Bethany United Methodist Church, and acknowledge that acceptance of this application and issuance of a Certificate of Purchase shall be subject to those Policies and Procedures, including any subsequent amendments.

Signature of Applying Purchaser

Columbarium Committee Approval

Date

Payment By Check No. _____

or Cash

Complete after payment has been received

Niche Identification Assigned:
Wall _____
Niche ID _____
Certificate Issued _____



Application for Purchase of Niche

Purchase Date _____

PURCHASER

Name _____

Address _____ City _____ St. _____ Zip _____

Phone Work _____ Home _____ Cell _____

Email _____

Identity Info. Driver's License* _____ SSN* _____

I desire to purchase one Double niche for \$2000 to be used to inurn the cremated remains of the following designated person(s) hereafter called "Designee(s)":

Designee #1			
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	_____		
Designee #2			
Name	_____		
Address	_____	City	_____ State _____ Zip _____
Phone	Work _____	Home	_____ Cell _____
Email	_____		Committal Date _____
Date	Birth _____	Death	_____
Identity Info.	SSN* _____	Driver's License*	_____ Death Cert No* _____

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