

Application for Purchase of Niche

Purchase Date PURCHASER Name _____ City _____ St. ___Zip ____ Address Home Cell ____ Phone 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 Cell Phone Work Home Email Committal Date Date Death Birth Driver's License* Identity Info. SSN* Death Cert No* **Notes**

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.

Information requested if appilicable, but not mandatory

	Niche Identification Assigned:			
Signature of Applying Purchaser				
Columbarium Committee Approval	Wall Niche ID			
Date Payment By Check No. or Cash	Certificate Issued			



Application for Purchase of Niche

UNITED	ED WETHOUST CHOKCH			Purchase Date			
PURCHAS	SER						
Name							
Address			City		St.	Zip	
Phone	Work	Home		Cell _			
Email							
Identity Info.	Driver's License*		SSN*		_		
	ourchase one Doubline following design						
Designe Name	#1						
Address			City		State _	Zip	
Phone	Work	Home		Cell			
Email						Committal Date	
Date	Birth	Death					
Identity Info. Notes	SSN*	Driver's License*			Death Cert No*		
Designee Name	#2						
Address			City		_State _	Zip	
Phone	Work	Home		Cell			
Email						Committal Date	
Date	Birth	·····	eath				
Identity Info.	SSN*	Driver's Lic	ense*		Death Ce	ert No*	
*	Information request	ted if appilica	ble, but no	t mandatory			
September 18 icknowledge	ed, read, and unders 8, 2005 by the Admi that acceptance of t those Policies and P	nistrative Bo his applicatio	ard of Betl on and issu	hany United lance of a Ce	Methodiste of	t Church, and of Purchase shall	

Signature of Applying Purchaser

Columbarium Committee Approval

Date
Payment By Check No.

Complete after payment has been received

Niche Identification Assigned:

Wall
Niche ID

Certificate Issued