

APPLICATION FOR INTERMENT OF CREMATED REMAINS

Name of Decedent: _____
(Please provide full name)

Niche Number: _____

Certificate Number: _____

Subscriber Name: _____

Subscriber Address: _____

Subscriber Telephone: _____

Decedent's Relationship to Subscriber: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone: _____

Funeral Home/Director: _____

Funeral Home Telephone: _____

Date and Time of Committal Service: (Date) _____
(Time) _____

Clergy Officiating: _____

Decedent's Last Address: _____

Decedent's Place of Birth: _____

Decedent's Place of Death: _____

Inscription Information

This information will be relied upon for engraving the inscription for the face of the niche.

Name of Decedent as it should appear in the inscription (per Policies & Procedures, A-16):

Decedent's Date of Birth: _____

Decedent's Date of Death: _____

I hereby certify that I am the _____ (specify relationship) of the above-named decedent and the person legally authorized to make disposition of the remains of the said decedent. I make this Application in accordance with the Agreement Regarding Interments Rights between the Subscriber named above and Highland Park United Methodist Church.

Signature of Applicant: _____

Date: _____

Approved:

COLUMBARIUM COMMITTEE of Highland Park United Methodist Church

By: _____

Date: _____