

APPLICATION FOR CERTIFICATE
OF RIGHT OF INURNMENT
Columbarium of South Mecklenburg Presbyterian Church



Please complete a separate application for each niche being requested.

Full Name(s) of Applicant (Holder) _____

Address _____

Primary Phone _____ Alternate Phone _____

Primary Email _____ Alternate Email _____

Eligible Person(s) to be Inurned

Person 1 _____

Relationship to Applicant (Holder) _____

Person 2 _____

Relationship to Applicant (Holder) _____

Requested Niche: First choice _____ Second choice _____ Third choice _____

Terms of Purchase (*please initial*)

_____ Full payment is submitted with application: \$3,500 – one niche/one urn
\$3,800 – one niche/two urns

_____ The Applicant agrees that the Rules and Regulations governing operation of the Columbarium as now existing or which may exist in the future are a part of this application for all purposes and acknowledges receipt of a copy of the existing Rules and Regulations.

Applicant Signature _____ **Date** _____

Return completed application to Mary Katheryne Zagora (mkzagora@smpchome.org or mailing address above).

CHURCH OFFICE USE ONLY

Application Received by _____ Payment type _____

Date _____

Certificate No. _____