COLUMBARIUM NICHE RESERVATION AND AUTHORIZATION FOR INURNMENT OF CREMATED REMAINS

In the St. Marks Lutheran Church
Randolph, MN

Application is hereby made to reserve a Columbarium Niche for the following individual:

_____ _____
(clearly print name as it should appear on the Columbarium nameplate) (Date of Birth)

I understand that use of the inurnment rights for urns within the Columbarium shall at all times be subject to the St. Marks Lutheran Church Columbarium Policies and Procedures as in effect at the time of this application, copies of which I acknowledge having received, read and understood. My signature below constitutres my acceptance of the terms and conditionas contained therein.

The following two nearest relatives or responsible parties should be contacted for any issues addressed within or relating to this Authorization:

Name: _____

Street Address: _____

City State and Zip Code: _____

Telephone: _____ Email: _____

Name: _____

Street Address: _____

City State and Zip Code: _____

Telephone: _____ Email: _____

Niche space requested: _____

I authorize the inurnment of the cremated remains of the individual for whom this Application is made into the columbarium niche assigned as a result of this Application. In the absence of any other documentation, this authorization shall be considered evidence of my intent for the disposition of said individual's remains upon his or her passing.

Signature of Applicant: _____ Date: _____

Print Name: _____ Relationship: _____

Columbarium and Reservation Application for
St.Marks Lutheran Church
Randolph, MN

For Office use:

Name: _____

Niche Assigned: _____ *Niche Cost: $.*
Add'l Info:

Certificate of Niche Mailed:

To: _____

Address: _____

By: _____ *Title:* _____

Date of Death: _____

Cremated Remains received from:

Name: _____ *Date:* _____

Copy of Permit Received from:

Name: _____ *Date:* _____

Date of Inurnment: _____