COLUMBARIUM NICHE APPLICATION

_____/_____/_____

Columbarium for the First United Methodist Church, Chamblee,
4147 Chamblee Dunwoody Road, Chamblee GA 30341 (770) 457-7124,
for the inurnment of cremated remains in the Garden of Remembrance.

I hereby make application for the inurnment of cremated remains of

_____

(enter name to be etched on the granite niche faceplate)

_____

(enter name to be etched on the granite niche faceplate)

in the First United Methodist Church, Chamblee Garden of Remembrance Columbarium, and attach an inurnment fee in the amount of $_____ in confirmation thereof. My selected niche is recorded in the Columbarium Niche Register in Section _____ Number _____.

I have read and do agree to each and every one of the Garden of Remembrance Inurnment Regulations. I have made these regulations known to the person(s) named below and they understand that my signature hereto is binding on them.

Signed _____ Date of Birth ____/____/_____ Date of Death ____/____/_____

Signed _____ Date of Birth ____/____/_____ Date of Death ____/____/_____

Witness _____

Name(s) of person(s) responsible for carrying out my wishes as expressed above:

Print name: _____ Telephone # _____

Street _____

City _____ State _____ Zip Code _____

Print name: _____ Telephone # _____

Street _____

City _____ State _____ Zip Code _____