

**ST. JOHNS EPISCOPAL CHURCH COLUMBARIUM  
APPLICATION FOR USE OF A BURIAL NICHE**

Applicant's Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Applicant's Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Address: \_\_\_\_\_  
(Street) (City, State, Zip Code)

Co-Applicant's Full Name: \_\_\_\_\_  
(If Applicable) (First) (Middle) (Last)

Co-Applicant's Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Address: \_\_\_\_\_  
(Street) (City, State, Zip Code)

- I (We) wish to enter a Covenant with St. John's Episcopal Church for use of a burial niche in its Columbarium.
- (Check if Applicable) We desire interment of both of our ashes to in the same niche.
- In my capacity as family or legal representative, I submit this application for use of a burial niche for interment of the ashes of:

\_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

I have the necessary authority to execute a Covenant for Use of a burial niche for the above named individual. (Documentation of authority must be attached.)

The undersigned applicant(s) acknowledge(s) receipt of a copy of the Policies & Procedures established by the Columbarium Board of Trustees and agree(s) that acceptance of this application and execution of a Covenant for Use of a Burial Niche shall be subject to these Policies & Procedures and any subsequent amendments thereto.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Month/Day/Year)

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Month/Day/Year)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Month/Day/Year)

Rector Initials \_\_\_\_\_ Date \_\_\_\_\_ Columbarium Trustee Initials \_\_\_\_\_ Date \_\_\_\_\_