

APPLICATION FOR USE OF
ST. JOHN'S EPISCOPAL CHURCH COLUMBARIUM

Applicant's Full Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City, State, Zip)

Co-Applicant's Full Name: _____
(Last) (First) (Middle)

Co-Applicant's Date of Birth: ____/____/____

Address: _____
(Street) (City, State, Zip)

- I (we) wish to reserve use of a burial niche in the Columbarium of St. John's Episcopal Church.
- (If applicable): We wish to be interred in a niche together.
- I (we) wish to have ashes interred in the Memorial Garden of St. John's Episcopal Church.
- I submit this application in my capacity as family or legal representative and hereby apply for use of a burial niche for the committal of ashes of:

Name: _____

Date of Birth: ____/____/____ Date of Death: ____/____/____

I have the necessary authority to execute a Covenant for Burial for the above named individual (s). (Attach documentation of authority.)

The undersigned applicant(s) acknowledge receipt of a copy of the Rules and Regulations established by the Columbarium Board of Trustees of St. John's Episcopal Church, and agree that acceptance of this application and issuance of Covenant Certificate of Burial shall be subject to those Rules and Regulations and any subsequent amendments thereto.

Signature of Applicant _____ (Seal) Date: ____/____/____

Signature of Co-Applicant _____ (Seal) Date: ____/____/____

Payment received : \$ _____ by Check No. _____ on ____/____/____

from _____

Approval by: _____

Rector: Date ____/____/____ Initials _____

Chair of Board of Trustees: Date ____/____/____ Initials _____

Date Covenant and Certificate Issued: ____/____/____

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