

NORTHAVEN UNITED METHODIST CHURCH
11211 Preston Road, Dallas, Texas 75230

APPLICATION TO PURCHASE A RIGHT OF INURNMENT

Full Name of Applicant _____ Application # _____

Street Address _____ City, State, Zip _____

Telephone _____ Fax No. _____ Email _____

Niche Requested (Subject to Approval): Section _____ No. _____

Memorial Garden Burial Requested (Subject to Approval): Section _____ No. _____

Scattering in Garden Requested (Subject to Approval): Section _____ No. _____

Designee(s): The Niche/Garden space/Scattering is designated for the ashes of the following persons(s):

Name: _____

Date of Birth _____ Date of Death _____

Name: _____

Date of Birth _____ Date of Death _____

Terms of Purchase:

1. Full Payment of _____ submitted with application.
2. The Applicant agrees that the Columbarium Rules, Policies 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, Policies and Regulations.
3. The Applicant understands and acknowledges that Northaven United Methodist Church and its authorized agents and representatives shall be liable only for acts of gross negligence and intentional wrongdoing, and in no event shall any such party be liable for any monetary awards in excess of the reservation fee paid by the applicant.

Applicant's Signature _____ Date _____

Application Received by: _____

Application Approved by Columbarium Committee:
Date _____

An application to purchase a right of inurnment should be sent to the Northaven church office.

INDIVIDUAL NICHE INSCRIPTION ORDER FORM

Subject to the Rules, Policies and Regulations of the Columbarium Committee, you are hereby requested and authorized to have placed upon the plaque covering

Niche/Memorial Plaque Number: Section _____ Number _____

In which the remains of _____

have been registered to be inurned, the engraved inscriptions as follows:

First Inscription:

Name: _____

First, Last OR First, Middle, Last OR First, Middle Initial, Last

Date of Birth _____ Date of Death _____

(If deceased, cremains _____ are available; OR _____ are not available for inurnment)

Second Inscription:

Name: _____

First, Last OR First, Middle, Last OR First, Middle Initial, Last

Date of Birth _____ Date of Death _____

(If deceased, cremains _____ are available; OR _____ are not available for inurnment)

I/We request that the First Plaque ____ OR Second Plaque ____ OR First to Die ____
Be located in the upper position on the niche face. (If only one plaque, it will be centered)

I certify that the above inscription text is correct and any changes shall be made at my expense.

Signed _____ Date _____

Authority for request (check one) ____ Owner of Right; ____ Owner's Heir;

____ Executor OR ____ Administrator

Acknowledged by Columbarium Committee: _____

Date: _____