

FAITH LUTHERAN CHURCH



Application for Certificate of Right of Inurnment

A separate application must be submitted for each niche.

APPLICANT

Name _____
 Address _____
 City _____ State _____ ZipCode _____
 Phone _____ Email _____

NEXT OF KIN / CONTACT

Name _____
 Address _____
 City _____ State _____ ZipCode _____
 Phone _____ Email _____

PERSON(S) TO BE INURNED *(Maximum 2 per niche.)*

PERSON 1

Name _____
 Address _____
 City _____ State _____ ZipCode _____
 Phone _____ Email _____
 Relationship to Applicant _____
 Date of Birth _____ Date of Death _____

ELIGIBILITY (circle)
Member
Spouse
Member's parent
Member's child
FLC Pastor
Other (approved)

PERSON 2

Name _____
 Address _____
 City _____ State _____ ZipCode _____
 Phone _____ Email _____
 Relationship to Applicant _____
 Date of Birth _____ Date of Death _____

ELIGIBILITY (circle)
Member
Spouse
Member's parent
Member's child
FLC Pastor
Other (approved)

REQUESTED

NICHE: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

I/We request that Person 1 _____, Person 2 _____ or the first to die _____ be located in the upper position on the niche face. (if only one person inured in niche it will be centered).

Terms of Purchase:

1. Full payment must be submitted with application.
2. No more than two persons may be inurned in each niche.
3. Faith Lutheran Church's Columbarium Policy, as approved by the church council, contains full terms and governs the operation and eligibility rules for the columbarium.

Fee Schedule:

\$2,000 per Niche, includes urns and engraving of niche faceplate

NOTE: Niche purchases are not donations to the Church, will not be included in member's giving reports, and cannot be claimed as tax deductions on individual tax forms

FLC Use Only:	
<input type="checkbox"/> Eligibility Confirmed	Assigned Niche _____
	<input type="checkbox"/> Niche diagram updated
Approval Signature _____	Date _____
Certificate of Inurnment Right Issued _____	Date _____