Columbarium Verification of Inscription(s)

1.

Name to be inscribed: _____
First Middle Last

Date of Birth: _____

Date of Death: _____

2.

Name to be inscribed: _____
First Middle Last

Date of Birth: _____

Date of Death: _____

<u>If space is needed for additional niches, please continue on back.</u>

Information on person filling out this form

Your name: _____

Today's date:_____

Number of niches being purchased: _____

Total purchase price for niches (each niche is $1,100 and each internal box is $175): _____

Amount enclosed: _____

Niche should be placed in Columbarium by the following date, if possible: _____