CHURCH OF THE GOOD SHEPHERD APPLICATION FOR COLUMBARIUM NICHE

Name:	
Address:	
Phone:	
Family Contact:	Phone:
I/we hereby request the purchase of a niche of the Good Shepherd Columbarium. I/we confirmation thereof.	for the interment of up to 2 ash remains in urns in the Church attach a remittance of Two Thousand Dollars (\$2,000.00) in
	and Regulations governing the Church of the Good Shephero arden, including the purchase of the urn(s) as well as the Initials:
Applicant Full Name:(please print)	Date of Birth:
Applicant Signature:	Date:
Applicant Full Name:(please print)	Date of Birth:
Applicant Signature:	Date:
************	************
Α	CCEPTANCE
The Church of the Good Shepherd acknowle	edges receipt of the Application of
along with the sum of Two Thousand Dollars	s (\$2,000.00) in confirmation thereof.
Graveyard, Columbarium, and Memorial Ga Niche # The Church agrees to	Policy and Regulations of the Church of the Good Shepherd rden, for the interment in the Columbarium of ash remains in inter the ash remains when presented and to maintain at in the Church files as specified in the Policy and Regulations
Accepted by:	Date:
Chack # or Paid by	