

**St. John's Lutheran Church**  
 20275 Davidson Road, Brookfield, WI 53045  
 Office: **262-786-6887**

## Application for Reservation of Columbarium Niche

I hereby apply to reserve one niche in the St. John's Lutheran Church Memorial Garden. I understand that this application is subject to the Memorial Garden Guidelines and approval by the Memorial Garden Board. I have been furnished with and have read the Guidelines and understand the Guidelines may be changed at any time by the Memorial Garden Board without notice.

<b>Niche Selection:</b>	<b>Section:</b> _____	<b>Niche:</b> _____	
<b>Price of Niche:</b>	\$ _____	<input type="checkbox"/> Pre-Construction Discount Applied	
		<input type="checkbox"/> I Am Sharing this Niche	
<b>Make check payable to:</b>		<b>Date of Purchase:</b> _____	
St. John's Lutheran Church Memorial Garden Fund		<b>Check No.</b> _____	

**APPLICANT/DECEASED INFORMATION:**

First Name: _____	Middle _____	Last Name: _____
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Date of Birth: _____	Date of Death: _____
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Date of Inurnment: \_\_\_\_\_

Address: _____	City: _____
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State: _____	Zip Code: _____	Email: _____
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Home Phone: ( ) _____	Cell Phone: ( ) _____
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I am sharing this Niche with: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_  


Date: \_\_\_\_\_

**Application for Reservation of Columbarium Niche**

**NEXT OF KIN:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

I authorize the above named person to remove my ashes from the Columbarium at a future date if such a need arises:  
Yes  No

**ADDITIONAL NEXT OF KIN (Optional):**


Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

I authorize the above named person to remove my ashes from the Columbarium at a future date if such a need arises:  
Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

I authorize the above named person to remove my ashes from the Columbarium at a future date if such a need arises:  
Yes  No

I have received and read the "Memorial Garden Guidelines". I understand the Guidelines and agree to the terms as confirmed by my signature below. I am registered in the Pre-construction Discount Program. If the plan to build the Memorial Garden is not realized, I will receive a full refund.  
Signature:

 \_\_\_\_\_ Date: \_\_\_\_\_