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.

Niche Selection	Section: Niche:
Price of Niche: Make check pay St. John's	\$ Pre-Construction Discount Applied I Am Sharing this Niche able to: Date of Purchase: Lutheran Church Memorial Garden Fund Check No.
ICANT/DECEASE	D INFORMATION:
First Name:	Middle Last Name:
Date of Birth:	Date of Death:
	Date of Inurnment:
Address:	City:
State:	Zip Code: Email:
Home Phone:	() Cell Phone: ()
I am sharing this	Niche with:
Relationship:	
Signature:	
\sim	Data

Application for Reservation of Columbarium Niche

Name:						Relatio	nship:	
Address:							· <u></u>	
City:	,				State:		Zip:	
Phone:	()		Ce	ell: <u>(</u>)		Email <u>:</u>	
I authorize	the abo	ve named per	son to rem	ove my	ashes fron	n the Colun	nbarium at a futu	ıre
date if suc	h a need							
		Yes			No			
TIONAL NE	XT OF KI	N (Optional):						
Name:						Relatio	nship:	
Address:							<u></u>	
City:					State:		Zip:	
Dhono:	7			sil. /	`		Email:	
		•		ell: <u>(</u> ove my) ashes fron	n the Colun	Email:	ıre
I authorize date if suc		•			ashes from		nbarium at a futu	ıre
I authorize date if suc Name:		arises:	son to rem	ove my	No _	n the Colun	nbarium at a futu	ıre
I authorize date if suc Name: Address:		arises: Yes	son to rem	ove my	No _		nbarium at a futu	ıre
I authorize date if suc Name: Address: City:		arises: Yes	son to rem	ove my	No _		nbarium at a futu nship: Zip:	ıre
I authorize date if suc Name: Address:		arises: Yes	son to rem	ove my	No _		nbarium at a futu	ıre
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I authorized date if such that if such that if such that the terror is authorized to t	the abo	ve named persarises: Yes Ves dread the "Monfirmed by my	son to rem Ce son to rem emorial Ga signature l	ove my ove my rden Gu	State:) ashes from No uidelines".	Relation n the Colum I understan ered in the	nbarium at a futunship: Zip: Email: nbarium at a futu	ure s and agree n Discount