

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

APPLICANT ONE

_____	_____	_____
First Name	Middle	Last Name:
_____	_____	_____
Birth Date	Death Date	Inurnment Date

Address		
_____	_____	_____
City	State	Zip
_____	_____	_____
Home Phone	Mobile Phone	Email

APPLICANT TWO

_____	_____	_____
First Name	Middle	Last Name:
_____	_____	_____
Birth Date	Death Date	Inurnment Date
_____	_____	_____
Home Phone	Mobile Phone	Email

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

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.

Signed:

 _____

Date: _____