



APPLICATION FOR RIGHT OF INURNMENT

I/WE HEREBY APPLY TO RESERVE NICHE SPACE in the Vinje Lutheran Church Columbarium. I understand that this application is subject to the approval of the Church. I have been furnished with and have read a copy of the Policies and Regulations. I understand when the application is signed by me and accepted and signed by the Church, this application together shall constitute an agreement.

Name _____ Name _____

Phone _____ Phone _____

Email _____ Email _____

Address _____ Address _____

Birth Date _____ Death _____ Birth Date _____ Death _____

Veteran [] Yes [] No Branch _____ Veteran [] Yes [] No Branch _____

If yes, would you like a Veteran Service Emblem on the niche front? [] Yes [] No If yes, would you like a Veteran Service Emblem on the niche front? [] Yes [] No

Alternative Family Contact, Personal Representative or Power of Attorney:

Name _____ Relationship _____

Address _____

Phone _____ Email _____

Eligibility: Applicant(s) is/are eligible for inurnment (check one)

_____ Members or former members of Vinje Lutheran Church

_____ Ordained ministers who have served as pastors of Vinje Lutheran Church

_____ Spouse, parents, children and grandchildren (natural, adopted, foster or step) of a member, former member or former ordained minister of Vinje Lutheran Church.

Agreed upon by signee and the Church

_____/_____
Date Signature of Applicant(s)

Date Signature of Church Representative

For Church Use Only:

Payment Received _____ Niche Number _____ Date Cert. Mailed _____

Date Panel Engraved _____ Date Panel Placed on Niche _____