

APPENDIX A- COLUMBARIUM APPLICATION FORM

The Columbarium at the Advent Prayer Garden
Advent Lutheran Church
W63 N642 Washington Avenue
Cedarburg, WI 50312
(262) 377-2710

Date: _____

Applicant (Subscriber) Information

Name (First, MI, Last): _____

Name (First, MI, Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Please circle preferred phone number

Work Phone: _____

Mobile Phone: _____

Email: _____

Niche Information

Type: For one Person For two People

Purchase of contiguous niches: Yes No If yes, how many: _____

If you are purchasing two or more niches, a separate application is required for each niche.

WHOSE ASHES WILL BE PLACED IN THE NICHE?

Name of Designee #1: _____

Name of Designee #2: _____

Niche Assignment: Niche location will be assigned in order of purchase. Multiple niches purchased at the same time will be contiguous if space permits. A certificate of Inurnment Rights will be issued upon application approval and full payment.

Schedule of Charges

- Cost (*Niche Use Fee*):
 - Cabinets #1 and #6: \$2,500 per niche.
 - Cabinets #2 through #5: \$2,750 per niche.
- Engraving: included in the cost.
- Urn: included in the cost. Urn plaque: included in the cost.
- Open/re-open niche: Two openings and closings are included in the cost.

Amount paid: _____

Date paid: _____

Check #: _____

Terms and Conditions

I understand that use of the Advent Prayer Garden Columbarium shall be subject to the "Policies and Procedures" which was provided to me and I agree to be bound by it. I understand that my application must be approved by Advent’s Prayer Garden Columbarium Committee. Upon approval of my application, and after payment in full, I understand that I will be assigned a niche location, and will receive a signed copy of my Certificate of Inurnment Rights and this application. My application includes a Certificate of Inurnment Rights which I have signed.

_____ Date: _____

Subscriber (Applicant) Signature

_____ Date: _____

Subscriber (Applicant) Signature

_____ Date: _____

Advent’s Prayer Garden Columbarium Committee Chairperson Signature

On the next page, please provide a minimum of two (2) additional contacts. It is the sole responsibility of the Applicant, their next of kin or contacts to notify the Church of any change of contact information.

Contact 1: (REQUIRED) – cannot be the name of the applicant(s)

Name (First, MI, Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

Home Phone: _____ Please circle preferred phone number

Work Phone: _____

Mobile Phone: _____

Email: _____

Contact 2: (REQUIRED) – cannot be the name of the applicant(s)

Name (First, MI, Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

Home Phone: _____ Please circle preferred phone number

Work Phone: _____

Mobile Phone: _____

Email: _____

Contact 3: (OPTIONAL) – cannot be the name of the applicant(s)

Name (First, MI, Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

Home Phone: _____ Please circle preferred phone number

Work Phone: _____

Mobile Phone: _____

Email: _____