



# Columbarium Reservation Request

Please fill out the following information for the person requesting the reservation of a niche at the Mount Carmel Baptist Church Columbarium.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email \_\_\_\_\_

Member Status:

- A Member of Mount Carmel Baptist Church
- The Immediate Family of a Member
- A Non-member

Niche Request:

- A Single Niche
- A Double Niche

Request for reduced cost:

- Yes
- No

If yes, please describe the basis for the request: \_\_\_\_\_

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If you are making the request on the behalf of someone else, as his or her legal representative, please fill out your information below:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email \_\_\_\_\_

In submitting this application, I acknowledge that I have received a copy of the Columbarium Policy and agree to abide by all provisions of the policy. I also agree to notify the church office of any changes in contact information provided above. Failure to do so may result in forfeiture of the reservation (see section 19 of the policy). I also understand that the reservation is not complete until approved by the Cemetery Committee and all fees paid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Reservation Confirmation**

In receipt of the sum of \$ \_\_\_\_\_, Mount Carmel Baptist Church hereby reserves in the name(s) of:

Name of person 1 \_\_\_\_\_  
(please print for engraving purposes)

Date of birth of person 1 \_\_\_\_\_  
(please print for engraving purposes)

Name of person 2 \_\_\_\_\_  
(please print for engraving purposes)

Date of birth of person 2 \_\_\_\_\_  
(please print for engraving purposes)

Subscriber(s) space # \_\_\_\_\_ in the Mount Carmel Baptist Church Columbarium, subject to the Rules of Operation adopted from time to time by the Church. This space shall be used for the cremated remains of no more than two persons. If these funds are prepaid, they will be held in escrow by Mount Carmel Baptist Church and paid out at the time of interment. Any refund or additional costs will be assessed at that time.

By execution hereof, \_\_\_\_\_ shall be the Subscriber(s)' authorized representative with respect to matters concerning use of the niche.

Name and Address of next of kin after spouse: \_\_\_\_\_

\_\_\_\_\_  
Signature of Chair of the Cemetery Committee

\_\_\_\_\_  
Date