



Application to Purchase a Right of Inurnment

(Please Print Clearly – Separate Application Required for Each Niche)

Applicant

Name _____

Address _____ City, State, Zip _____

Telephone (_____) _____ E-Mail _____

Eligibility

- ☐ TLC Member
- ☐ Former Member: in years _____ to _____
- ☐ Relative of TLC: Member name _____ Relationship _____
- ☐ Special eligibility granted by _____ Title _____

Person(s) to Be Inurned

Person 1 Name _____

Address _____ City, State, Zip _____

Relationship to Applicant _____

Person 2 Name _____

Address _____ City, State, Zip _____

Relationship to Applicant _____

Responsible Party

Name _____

Address _____ City, State, Zip _____

Telephone (_____) _____ E-Mail _____

Terms of Purchase

1. Full payment of \$1,500 for first inurnment is due at time of application.
Date submitted _____ Check no. _____
2. Payment of \$300 for second inurnment is due at time of application or by time of need.
Date submitted _____ Check no. _____
3. The applicant agrees to the governing operation of the Columbarium as now exists, or which may exist in the future, are a part of this application for all purposes, and acknowledges receipt of a copy of the Columbarium Use Agreement.
4. The applicant understands and acknowledges the Trinity Lutheran Church and its authorized agents and representatives shall be liable only for acts of gross negligence and intentional wrongdoing, and in no event shall any such party be liable for monetary awards in excess of the reservation fee paid by the applicant.

Applicant's Signature _____ Date _____

For office use only:

Niche Number Requested (Subject to Approval) _____ Application No. _____

Application Received by _____ Date _____

Application Approved by _____ Date _____

Senior Pastor