



Niche Inscription Order Form

To the Administrator of Trinity Lutheran Church, Mission, Kansas

Subject to the Columbarium Use Agreement, you are hereby requested and authorized to have inscribed upon the front of niche number _____ in which the remains of _____ have been, or are scheduled to be inurned, the following inscription:

Printed Last Name _____

Printed First Name and Middle Name/Initial _____

Date of Birth _____ Date of Death _____

Printed First Name and Middle Name/Initial _____

Date of Birth _____ Date of Death _____

Will there be an additional inurnment in this niche? ☐ Yes ☐ No

If yes, will the last name be the same as the above? ☐ Yes ☐ No

My signature certifies the correctness of the above inscription text and any changes thereto shall be at my expense.

Signature of Subscriber

Date

Printed Name of Subscriber

Mailing Address

City, State, Zip

Primary Phone

Email

Administrator or Pastor Signature

Printed Name of Administrator or Pastor