ST. ANDREWS EPISCOPAL CHURCH

COLUMBARIUM NICHE APPLICATION

Name			
Address			
_		The Use of The Columbarium" coarium and submit with this App	of SAEC I do hereby apply to be blication Form:
	A donation to th	ne Columbarium Fund of \$	
		and the "Certificate of Right to Ir	
The Certificate Holder	or other Designee	whose cremated remains are to	be interred in the niche is:
		(Family Name)	
	((Given Name) Maiden Name Optional)	
	(Date of Birth	and Date of Death – Month/Day	ı/Year)
Choice of			
		Inscription Now	Later
1 st	2 nd	Inscription Now	
Member of SA	EC	or Non-Member	
Non-Member related t	o a member of SA	EC in the following relationship	
(Signature)			
Approved by			Date