

Olivet Beacon of Light Lutheran Church
APPLICATION & CERTIFICATE OF RESERVATION
For Purchase of Inurnment Rights in an Olivet Columbarium Niche

Applicant: _____

Mailing address: _____

Telephone number: _____

Relationship to person or persons for whom application is made:

First person for whom application is made:

Name: _____

Date of birth: _____

If deceased, date of death: _____

Mailing address (if different from above): _____

This person is eligible for inurnment in Olivet's Memorial Columbarium because he or she is:

_____ Member of this Church

_____ Spouse of a member of this Church

_____ Child or step-child of a member of this Church

_____ Parent or step-parent of a member of this Church

_____ Grandchild of a member of the Church

_____ Sibling of a member of the Church

_____ Person with strong Church ties recommended by Olivet Beacon of Light Lutheran Church and approved by the Columbarium Committee

Second person for whom application is made:

Name: _____

Date of birth: _____

If deceased, date of death: _____

Mailing address (if different from above): _____

This person is eligible for inurnment in Olivet's Memorial Columbarium because he or she is:

_____ Member of this Church

_____ Spouse of a member of this Church

_____ Child or step-child of a member of this Church

_____ Parent or step-parent of a member of this Church

_____ Grandchild of a member of the Church

_____ Sibling of a member of the Church

_____ Person with strong Church ties recommended by Olivet Beacon of Light Lutheran Church and approved by the Columbarium Committee

The undersigned acknowledges receipt of the Policies, Rules & Regulations for the Memorial Columbarium of Olivet Beacon of Light Lutheran Church and agrees to adhere to and be bound by them, both in their present form and as they may be amended from time to time.

Unreserved niches as listed in the attached appendix are available for immediate selection.

Preferred niche location: _____

Alternate niche location if preferred niche location has been reserved: _____

List Columbaria, Direction, Niche number; (e.g. Matthew South, Niche 20)

This Application is to be accompanied by the reservation fee. Please indicate "Columbarium Niche" on the memo line of your check. This Application is not complete without the reservation fee which equates to **(\$775 niche fee**, which includes \$150 for perpetual care costs as mandated by the State of Wisconsin).**

Note: Costs not included in niche fee:

- 1. Engraving of the faceplate (\$100 initial fee; \$25 per subsequent engraving**)**
- 2. Urn**
- 3. Cremation and transport of remains to Columbarium**

Applicant's Signature: _____ Date: _____

Application review:

COMMMITTEE APPROVAL:

By: _____ Approve _____ Reject _____

Date, check number and amount: _____

Niche # assigned: _____

**Fees may be subject to change.

(Effective October 1, 2017)