

Appendix A- Columbarium Application Form

The Columbarium at the Memorial Garden

Hales Corners Lutheran Church

12300 W Janesville Road

Hales Corners, WI 53130

(414) 529-6700

Niche Application Form

Date: _____

Subscriber (Applicant) Information

Name (Last, First, MI): _____

Name (Last, First, MI): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Please circle preferred phone number

Work Phone: _____ Cell Phone: _____

Email: _____

Niche Information

Cost: _____

Purchase of contiguous niches: Yes No If yes, how many: _____

A separate application is required for each contiguous niche.

Name of Designee #1: _____

Name of Designee #2: _____

Niche Assignment: Niche location will be assigned in order of purchase. Multiple niches purchased at the same time will be contiguous if space permits. A certificate of Ownership and Inurnment Rights will be issued upon application approval and full payment.

Schedule of Charges

- Niche Use Fee/Cost per Niche: _____
- Urn and Engraving: Cost at time of inurnment
- Open/Closing Niche: included in cost of Niche Use Fee

Amount paid: _____

Date paid: _____

Check #: _____

Terms and Conditions

I understand that use of the Hales Corners Lutheran Church Memorial Garden Columbarium shall be subject to the "Policies and Procedures" which was provided to me and I agree to be bound by it. I understand that my application must be approved by the Hales Corners Lutheran Church Memorial Garden Columbarium Committee. Upon approval of my application, and after payment in full, I understand that I will be assigned a niche location and will receive a signed copy of my Certificate of Inurnment Rights and this application. My application includes a Certificate of Inurnment Rights which I have signed.

_____ Date: _____

Subscriber (Applicant) Signature

_____ Date: _____

Subscriber (Applicant) Signature

_____ Date: _____

Hales Corners Lutheran Church Memorial Garden Columbarium Committee Chairperson Signature

On the next page, please provide a minimum of two (2) additional contacts. It is the sole responsibility of the Applicant, their next of kin or contacts to notify the Church of any change of contact information.

Contact 1: (REQUIRED)

Name (Last, First, MI): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

Home Phone: _____ Please circle preferred phone number

Work Phone: _____

Cell Phone: _____

Email: _____

Contact 2: (REQUIRED)

Name (Last, First, MI): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

Home Phone: _____ Please circle preferred phone number

Work Phone: _____

Cell Phone: _____

Email: _____

Contact 3: (OPTIONAL)

Name (Last, First, MI): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

Home Phone: _____ Please circle preferred phone number

Work Phone: _____

Cell Phone: _____

Email: _____