THE COLUMBARIUM
SAINT DAVID'S EPISCOPAL CHURCH
AUSTIN, TEXAS
Application for an Interment Right of Cremated Remains

_____
Applicant Name

_____
Applicant Address, City, State, ZIP

_____
Applicant Contact Telephones (h), (m), or (w)

_____
Applicant's E-mail Address

_____
Applicant's Relationship to Deceased/

I apply for Interment Right(s) in the Columbarium of Saint David's Episcopal Church, as it is described in the attached Columbarium Regulations. I have reviewed and understand the regulations and agree to abide by their terms. I understand the Vestry may change these Regulations in the future, and I accept whatever changes may be made. I agree and consent that any human remains interred in the Columbarium at Saint David's Episcopal Church may be handled in accordance with these Regulations.

For the specific niche(s) noted below in the columbarium, I tender **$2,000.00** for **each** niche.
* Only one set of ashes per niche

I have filled in the attached identification forms for each person whose remains may be placed in the Columbarium at the time of need.

My executor or next of kin is _____ at the following address and phone:

Niche(s) Requested:

Niche number(s): [e.g. A-1, A-2] _____

_____.

I am responsible for keeping the Church informed if I change addresses or change my executor.

_____
Signature of Applicant

_____
Date

Saint David's accepts this application and issues this Certificate of Interment Right(s) to the Applicant for (select one)

Date of Grant: _____

Date Grant Expires: _____

_____
Rector, Saint David's Episcopal Church

THE COLUMBARIUM
SAINT DAVID'S EPISCOPAL CHURCH
AUSTIN, TEXAS
IDENTIFICATION FORM

_____

Name of Deceased – as will appear on niche nameplate
(Please provide full name exactly as you would like for it to appear on the niche nameplate)

____ / ____/ _____ Deceased's Date of Birth

____ / ____/ _____ Deceased's Date of Death