

ST. TIMOTHY'S EPISCOPAL CHURCH
COLUMBARIUM AND MEMORIAL GARDEN

License To Reserve Space In The Columbarium

I/We understand that use of the interment rights to space within the Columbarium shall at all times be subject to all of the provisions of the Rules and Regulations for the operation of St. Timothy's Episcopal Church Columbarium and Memorial Garden.

Signature of applicant

Printed name of applicant

Address: _____ City: _____ Zip: _____

Telephone Number: () _____

Space Requested: 1 Urn ___ 2 Urns ___ 3 Urns ___ 4 Urns ___

Desired Niche Number: _____ *

Fee Paid: \$ _____

* Please note that a niche can be reserved for the sole use of the applicant(s) only if space for four urns is requested and paid for.

ST. TIMOTHY'S EPISCOPAL CHURCH
COLUMBARIUM AND MEMORIAL GARDEN

Acknowledgment of Space Reservation

Receipt is hereby acknowledged of the sum of \$ _____ from _____
to reserve space for _____ urns in St. Timothy's Episcopal Church Columbarium and Memorial
Garden. Niche number assigned: _____

Date: _____

For St. Timothy's Episcopal Church
Columbarium and Memorial Garden Board