

# The Columbarium of Eastport United Methodist Church

926 Bay Ridge Avenue, Annapolis Maryland 21403

## APPLICATION TO PURCHASE A RIGHT OF INURNMENT

(Please type or print clearly)

Full Name of Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephones: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Eligibility for Purchase:

\_\_\_\_\_ EUMC Current Member \_\_\_\_\_ EUMC Former Member during years \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ EUMC Clergy during years \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Relative of EUMC Member or Clergy (name) \_\_\_\_\_ Relationship \_\_\_\_\_

Full Name(s) of Eligible Person(s) who will be inurned:

**Person 1:** Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**Person 2:** Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Terms of Purchase: The total price of a niche is \$2000.00 which must be submitted with the application and is non-refundable.

\_\_\_\_\_ Paid in Full Check# \_\_\_\_\_ Submitted by: \_\_\_\_\_

The Applicant agrees that the Church Columbarium Rules and Regulations governing operation of the Columbarium as now existing or which may exist in the future, are a part of this application for all purposes, and acknowledges the understanding and receipt of a copy of the existing Rules and Regulations. \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### DO NOT WRITE IN THIS BOX

Application Received by: \_\_\_\_\_ Date/Time \_\_\_\_\_

Application approved by Columbarium Committee: Date \_\_\_\_\_ Certificate # \_\_\_\_\_