

# GREENVILLE UNITARIAN UNIVERSALIST FELLOWSHIP

## APPLICATION TO PLACE CREMAINS IN THE COLUMBARIUM AND REQUEST ENGRAVING

Name of Deceased \_\_\_\_\_

Date of Application \_\_\_\_\_ Proposed Date of Inurnment \_\_\_\_\_

### Person Responsible for Arrangements:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please print clearly the exact name and details for engraving. We would appreciate a biographical sketch and picture of the deceased for posting on the Fellowship website.**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date of Death: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Third Line (optional) \_\_\_\_\_

A Columbarium niche generally holds two or three sets of human cremains, depending on size of the containers, and is subject to Memorial Garden Policy.

Please refer to the Memorial Garden Schedule of fees for the cost of perpetual use of a Columbarium niche and engraving. Payment should be made to the **Greenville Unitarian Universalist Fellowship**, marked "*for Columbarium niche.*" Send this application with payment to: Greenville UU Fellowship, P.O. Box 4518, Greenville, SC 29608.

**I HAVE RECEIVED A COPY OF THE MEMORIAL GARDEN OPERATING POLICY, UNDERSTAND IT AND AGREE TO ITS PROVISIONS.**

PERSON RESPONSIBLE \_\_\_\_\_

LEGAL REPRESENTATIVE \_\_\_\_\_ PHONE \_\_\_\_\_

APPROVED BY MEMORIAL GARDEN COMMITTEE		FOR OFFICE USE	
Chairperson		Fee Received	Administrator
Date		Niche Assigned	Certificate Issued

# GREENVILLE UNITARIAN UNIVERSALIST FELLOWSHIP

## APPLICATION TO PLACE CREMAINS IN THE COLUMBARIUM

Name of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

**The applicant designates the following individuals as eligible for inurnment in the assigned niche. Please print clearly and include yourself if appropriate.**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**NOTES** \_\_\_\_\_

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APPLICANT \_\_\_\_\_

LEGAL REPRESENTATIVE \_\_\_\_\_ PHONE \_\_\_\_\_

APPROVED BY MEMORIAL GARDEN COMMITTEE		FOR OFFICE USE	
Chairperson		Fee Received	Administrator
Date		Niche Assigned	Certificate Issued