

**GREENVILLE UNITARIAN UNIVERSALIST FELLOWSHIP**  
**Application to buy a Columbarium Niche**

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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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.**

APPLICANT \_\_\_\_\_

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

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