

Munsey Memorial United Methodist Church Courtyard Columbarium

Application

to Purchase Columbarium Niche

Personal Information

Applicant's Name: _____

(Please Print)

Address: _____

City: _____ ; State / Zip Code: _____

Telephone No.: _____ ; E-Mail Address: _____

*The **Applicant** is the **Purchaser** of the Niche. The person to be inurned in the Columbarium is referred to here as the '**Beneficiary**'. The **Beneficiary** may be the same person as the Applicant, or it may be another person who meets the eligibility requirements set forth in the '**Policies and Guidelines**' of the Munsey Memorial UMC Columbarium Committee.*

Name of **Beneficiary** (if different from Applicant) : _____

Relationship to Applicant: _____

Address: _____ : Telephone: _____ - _____

Relationship to Munsey Memorial UMC: Member Former Member Parent, child or sibling of Member
Member of Clergy/Holston Conference

~~~~~

Name of *Companion* **Beneficiary** (if applicable): \_\_\_\_\_

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

Address: \_\_\_\_\_ : Telephone: \_\_\_\_\_ - \_\_\_\_\_

Relationship to Munsey Memorial UMC: Member  Former Member  Parent, child or sibling of Member   
Member of Clergy/Holston Conference UMC

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

Date: \_\_\_\_\_

*When an application has been approved and payment in full of the fee is received by the Church, the Owner will have the right to select any niche(s) which may be available at that time. If more than one application shall have been approved and payment is received on the same date, the rights of preference shall be based on the date and time the payment is received.*