

# Holy Family Catholic Church

## Application for Reservation of Columbarium Niche or Cemetery Plot

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Legal Name: \_\_\_\_\_  
(*Person to be Interred*)

Name to be inscribed \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Number of *Columbarium Niches* to be reserved:  Single \_\_\_\_\_  Double \_\_\_\_\_

Number of *Cemetery Plots* to be Reserved:  Single \_\_\_\_\_  Double \_\_\_\_\_

Fees: \$1,500 for a single niche or plot      \$2,500 for a double niche or plot

Paid in Full \$ \_\_\_\_\_  Installment Plan Payments of \$100 per Month  
[*Not available at time of interment.*]

Signature of Applicant \_\_\_\_\_

*Please note: Space in Columbarium or Cemetery assigned on a first come first served basis.*