SAINT ROSE OF LIMA
SANTA ROSA DE LIMA

Columbarium Niche Subscriber Application

APPLICANT SUBSCRIBER

Full Name: _____

Date: _____

Address: _____

Street Apt / Unit #

_____

City State / Zip Code

Phone: _____

E-Mail: _____

Parish: _____

APPLICANT ESTATE REPRESENTATIVE

Full Name: _____

Date: _____

Address: _____

Street Apt / Unit #

_____

City State / Zip Code

Phone: _____

E-Mail: _____

Parish: _____

DESIRED NAMEPLATE INFORMATION

Last name 1: _____ Last name 2: _____

Name of First Person: _____ Name of Second Person: _____

Date of Birth: _____ Date of Birth: _____

Date of Death: _____ Date of Death: _____

SELECT DESIRED NICHE SIZE AND NUMBER OF NICHES FOR SUBSCRIPTION

8" X 8" Niche count _____ @ $_____ each $_____

12" X 12" Niche count _____ @ $_____ each $_____

The following items (Urns and Inscriptions Prior to Death) can be selected for your niche(s) but are not required

Urns 1 URN $ _____ 2 URNS $ _____

Inscriptions Prior To Death Name(s) _____ Birth Date(s) _____ $_____ for standard inscription

PAYMENT INFORMATION

Credit Card ☐ Check ☐ Cash ☐ Money Order ☐

Subtotal: $_____ (add 3% for Credit Card Transactions) $_____

TOTAL AMOUNT DUE UPON APPLICATION ACCEPTANCE: $_____

By submitting this Application, I confirm that I have read and understood the Parish Columbarium Policies and Regulations. I understand that this Application does not guarantee approval, and that the Parish reserves the right to accept or deny this Application in its sole discretion.

Name (*signature*) _____ Date _____

Name (*print or type*) _____

SAINT ROSE OF LIMA
SANTA ROSA DE LIMA

Columbarium Niche Subscriber Application

Parish Administration Use Only

Application Approval Status: _____

Date of Application Decision: _____

Date of Written Notification: _____

Manner of Written Notification: _____

Date Signed Policies & Regulations Received: _____

Date Niche Inscription Received: _____

Niche Number Assigned: _____

Niche Size: _____

Optional Items: _____

Date Payment Received: _____

Manner of Payment Received: _____

_____
Authorized Parish Representative Name

_____
Authorized Parish Representative Signature

_____
Date