SAINT ROSE OF LIMA
SANTA ROSA DE LIMA

Columbarium Niche Inscription Request

I hereby authorize and request that the Parish order, at the time of need, the inscriptions to be engraved upon the name plates placed on niche #_____ in the Parish Columbarium.

Please ensure the clarity and correctness of the inscription text below

The inscriptions I request are:

Name #1 _____
(*print or type*) First Middle Last

Date of Birth _____
(Mo/Day/Year)

Date of Death _____
(Mo/Day/Year)

Inurnment Date_____
(Mo/Day/Year)

Name #2 _____
(*print or type*) First Middle Last

Date of Birth _____
(Mo/Day/Year)

Date of Death _____
(Mo/Day/Year)

Inurnment Date_____
(Mo/Day/Year)

My signature below certifies the correctness of the above inscription text, <u>that any changes thereto shall be at my expense</u> and that I have read, understood and agree to the terms of the Parish Columbarium Policies and Regulations.

My relationship to Name #1 _____

My relationship to Name #2 _____

Requested By (*signature*) _____ Date _____

Name (*print or type*) _____

Phone_____ Email _____

Parish Authorized Representative _____ Date_____