

THE BERTHA E.R. STROSACKER MEMORIAL PRESBYTERIAN CHURCH
MIDLAND, MICHIGAN 48640
APPLICATION FORM FOR COLUMBARIUM USE

Name(s): _____

Address: _____

Date: _____

Having received and read the "GENERAL POLICIES, REGULATIONS AND RULES FOR THE USE OF THE COLUMBARIUM," ("Rules") of The Bertha E.R. Strosacker Memorial Presbyterian Church Midland, Michigan 48640 ("MPC") I/we do hereby apply to be granted the use of a niche (___), the Memorial Garden (___) and/or the Memorial Wall (___) in said Columbarium and submit with this Application Form:

A payment to the Columbarium Fund of \$ _____ for such use and the "Certificate of Right to Use the Columbarium."

The Grantee(s) or other Designee(s) whose cremains are to be interred in the niche, interred in the Memorial Garden and/or whose names are to be honored and remembered on the Memorial Wall is (are):

First Individual: Given Name (Maiden Name Optional) Family Name

(Birth and Death Dates: Month/Day/Year)

Second Individual: Given Name (Maiden Name Optional) Family Name

(Birth and Death Dates: Month/Day/Year)

Wall 1 or 2? _____ Choice of Niche Location: 1st _____ 2nd _____ No Preference _____

Inscription: Now () Later () Now and < -- > Later ()

Clergy? [] U.S. Military? []: Branch-- _____

Member(s) of MPC _____ or Non-Member _____, related to a member of MPC in the following relationship:

Signature of Applicant(s)

Approved by

Signature: _____

Name (printed): _____

Title: _____

Date: _____