

NICHE #:

APPLICATION FOR NICHE LICENSE

PLEASE PRINT CLEARLY

Applicant name(s): _____

Street address: _____

City: _____ **State:** _____ **Zip** _____

Email: _____ **Phone:** _____

INDIVIDUALS TO BE INURNED

Name: _____

Relationship to applicant: _____

Date of Birth: _____ **Date of Death (if applicable)** _____

Name: _____

Relationship to applicant: _____

Date of Birth: _____ **Date of Death (if applicable)** _____

If Purchaser(s) is no longer available, Valley Chapel shall contact the following person(s) on matters relating to this Columbarium Niche License.

Name: _____

Relationship to applicant: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Email: _____ **Phone:** _____

Upon acceptance of this application by Valley Chapel ("Church") and the receipt of the Certificate of License, the purchaser shall have the right to use the niche set forth herein, subject to the Memorial Garden rules and regulations, and other such policies as may, from time to time, be adopted by the Church. Changes to names listed above must be submitted to the Memorial Garden Committee for approval. The Purchaser attests that he or she has received and read the Memorial Garden Rules and Regulations, and agrees to the policies set forth therein.

SIGNATURE OF APPLICANT

SIGNATURE OF CHURCH REPRESENTATIVE

DATE OF APPLICATION