

First United Methodist Church - North Little Rock
Columbarium Application For Individuals

Date _____

Contact Information for person completing application (applicant):

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Full names of person whose cremated human remains will be inurned with in the assigned niche:

Name : _____ Date of Birth: _____

Member of FUMC: YES ___ NO ___ Relationship to applicant: _____

If no, and not immediate family, please submit a written request for exception by the committee

Person making inurnment arrangements:

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Relationship to deceased: _____

Amount: \$2,750.00

I hereby agree, and commit my successors, to comply with the columbarium guidelines of FUMC - NLR. I acknowledge receipt of said guidelines. It is further understood that a certificate of inurnment rights will be issued to the applicant after approval by the Columbarium Board and the entirety of the \$2,750.00 is paid.

Signature of Applicant: _____

FOR OFFICE USE:

Application approved by: _____ Date: _____

Certificate of Inurnment Rights Agreement issued by: _____ Date: _____

Number of Niche Assigned: _____