



BASILICA SHRINE OF ST. MARY

Application #: _____

COLUMBARIUM NICHE APPLICATION FORM

Basilica Shrine of St. Mary
Memorial Garden and Columbarium

Purchaser Full Name: _____

Street Address: _____ City/St/Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

I/we are submitting this application to reserve a niche as described in the **Background and Policies for Use of the Basilica Shrine of St. Mary Memorial Garden and Columbarium** which I acknowledge have received and read. ____ (Int)

Method of Payment _____ Paid in Full (\$4000 with Application Cash/Check/Credit Card)

_____ 2-Payment Plan (\$2000 with Application/\$2000 not to exceed 1 year from application) Cash/Check Only/Credit Card)

_____ 4-Payment Plan (\$1000 with Application/\$1000 quarterly not to exceed 1 year from application)

Applicant Signature _____ Date _____

Please print information exactly as you want it to appear on the niche faceplate.

1. Name:

Date of Birth: _____ Date of Death: _____

(If known)

2. Name:

Date of Birth: _____ Date of Death: _____

(If known)

FOR OFFICE USE ONLY:

Requested location:

(Phase 1) _____ (Phase 2) _____

Space assigned:

Section: _____ Row: _____ Col.: _____

PAYMENT RECORD

PAID IN FULL: _____

INSTALLMENTS:

2- _____ 2- _____

4- _____ 4- _____

4- _____ 4- _____