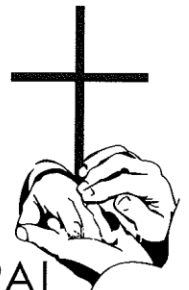


Columbarium Application
Reservation of Niches



CALVARY EPISCOPAL
C H U R C H
Reach out. Receive. Rejoice.

Date: _____

Name: _____
Last First Middle

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home _____ Cell: _____

Requested Number of Niches to be reserved _____

for interment of _____

Preference of Location: _____

Paid in full: _____ Payment plan requested: _____

Note: Columbarium Committee will assign spaces close to preferred location based on availability and priority.