



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

I further designate the following persons, in the order listed, who, in the event of my death or disability, may make any decision with respect to the niche or cremated remains therein:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Attached is cash or a check for the deposit in the amount of \$ \_\_\_\_\_ Check # \_\_\_\_\_, if applicable.

A contract will be issued upon full payment in the amount of \$ \_\_\_\_\_ (includes deposit amount).

Signature of Applicant \_\_\_\_\_

Print Name of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Rector \_\_\_\_\_

Print Name of Rector \_\_\_\_\_

Date \_\_\_\_\_