

# The Columbarium of First Presbyterian Church

1100 S. Harrison Street, Amarillo, Texas, 79101

## Application to Purchase a Certificate of Inurnment Rights

Please print legibly. A separate Application is required for each Niche.

Full Name of Applicant: \_\_\_\_\_ Application Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Cell Phone No. ( ) \_\_\_\_\_

Work No. ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Niche Requested (Subject to Approval): North Center Wall - Column No. \_\_\_\_\_ Row No. \_\_\_\_\_ Niche No. \_\_\_\_\_

: North Wall - Column No. \_\_\_\_\_ Row No. \_\_\_\_\_ Niche No. \_\_\_\_\_

: South Wall - Column No. \_\_\_\_\_ Row No. \_\_\_\_\_ Niche No. \_\_\_\_\_

Eligibility for Purchase Due to: FPC Member \_\_\_\_\_; OR Former FPC Member \_\_\_\_\_ in years \_\_\_\_\_ to \_\_\_\_\_

OR Relative of FPC Member (name) \_\_\_\_\_ Relationship \_\_\_\_\_

### Full Name(s) of Eligible Person(s) Who Will be Inurned:

Person 1: Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Person 2: Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

### Terms of Purchase:

1. Full payment by check or cashier's check to **First Presbyterian Church** of: check one: ( ) \$3,000.00 for North Center Niches or ( ) \$2,500. For all other Niches.
2. The Applicant has read and agrees to the **Columbarium Policy** governing operation of the Columbarium as now existing or which may exist in the future are a part of this Application for all purposes, and acknowledges receipt of a copy of the existing **Columbarium Policy**.
3. The Applicant understands and acknowledges that First Presbyterian Church and its authorized agents and representatives shall be liable only for acts of gross negligence and intentional wrongdoing, and in no event shall any such party be liable for any monetary awards in excess of the Certificate of Inurnment Rights fee paid by applicant.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete all information requested above. Do not write in this box.

Time: \_\_\_\_\_

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved by Columbarium Committee: Date: \_\_\_\_\_ Niche no. \_\_\_\_\_

Certificate of Inurnment Rights No. \_\_\_\_\_