



FIFTH AVENUE PRESBYTERIAN CHURCH

Application for

CERTIFICATE OF RIGHT OF INURNMENT

I hereby apply to Fifth Avenue Presbyterian Church, New York, New York, for a Certificate of Right of Inurnment in the Fifth Avenue Presbyterian Church Columbarium. I have read and agree to abide by the Terms and Conditions attached to this Application.

Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Email _____

Church Affiliation _____

Date of Birth _____ Place of Birth _____

NEXT OF KIN OR LEGAL REPRESENTATIVE INFORMATION

Name _____

Address _____

Phone _____ Email _____

EXECUTOR INFORMATION

Name _____

Address _____

Phone _____ Email _____

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I request the following Niche(s) in the Columbarium, subject to the approval of this Application.

If currently known, please indicate the designee to be inurned in each Niche, together with his/her date of birth (DoB) and date of death (DoD).

Niche # _____ Designee _____ DoB: _____ DoD: _____

Niche # _____ Designee _____ DoB: _____ DoD: _____

Niche # _____ Designee _____ DoB: _____ DoD: _____

Niche # _____ Designee _____ DoB: _____ DoD: _____

Special Instructions (if any) _____

Signature _____ Date _____