

**Columbarium at First Presbyterian Church
Certificate of Reservation**

Name of applicant(s) making reservation: _____

Address: _____

Telephone/cell: _____ Email: _____

Name of contact person #1: _____

Address: _____

Telephone/cell: _____ Email: _____

Name of contact person #2: _____

Address: _____

Telephone/cell: _____ Email: _____

First Presbyterian Church has received payment in the amount of _____ for the reservation for the Columbarium by the above named for: _____

Columbarium niche number: _____

This reservation and use of the Columbarium is subject to the Columbarium Policies and Procedures and any changes which are hereafter made to the Columbarium Policies and Procedures by the Session.

Signature of person making reservation

Date

Signature of person making reservation

Date

Signature for the Columbarium Committee

Date