

Certificate of Reservation — Memorial Inscription

Name of applicant making request: _____

Address: _____

Telephone/cell: _____ Email: _____

First Presbyterian Church has received payment in the amount of \$1,000.00 for a one-line inscription to appear on a Memorial Column of the Columbarium of First Presbyterian Church with the following information:

Name: _____

Year of Birth: _____

Year of Death: _____

This request 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 for the Session

Date

Revised 07/2020