

Certificate of Reservation — Niche

Name(s) 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 are 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 Session

Date