

**SINAI EVANGELICAL LUTHERAN CHURCH  
950 EAST 8TH STREET  
FREMONT, NEBRASKA**

**APPLICATION FOR RESERVATION OF A COLUMBARIUM NICHE**

**A separate application form must be completed for each niche reserved.**

**This niche is being reserved for:**

\_\_\_\_\_ My own use

\_\_\_\_\_ Other eligible person:

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Applicant's Information:**

Applicant's name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ I have received a copy of the current Policies and Procedures Governing the Columbarium and the Columbarium Certificate of Use Agreement.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTACT INFORMATION**

Name of person to be inurned: \_\_\_\_\_

Niche Number: \_\_\_\_\_

Responsible persons' contact information:

**Next of Kin**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

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*(To be completed by Columbarium Board Member)*

Application received on (Date): \_\_\_\_\_ and

reviewed by: \_\_\_\_\_.

Applicant contacted on (Date): \_\_\_\_\_

by (Columbarium Board Member): \_\_\_\_\_

Outcome of contact: \_\_\_\_\_

\_\_\_\_\_

Original remains with Church

Copy to Reserver on: \_\_\_\_\_

9-15-19