COLUMBARIUM RESERVATION

Woodmont United Methodist Church
Reidsville, North Carolina

Having agreed to the Policy, Rules, and Regulations governing the use of the Woodmont United Methodist Church Columbarium,

_____
Name or Names

_____
Address

hereby reserve(s): NICHE #_____ in the Woodmont United Methodist Church Columbarium at a cost of _____.

Name(s) as it / they shall appear on the marker and date(s) of birth:

_____ _____ _____
Full name Date of Birth

_____ _____ _____
Full name Date of Birth

_____
Next of Kin/Legal Representative

_____
Address

Woodmont United Methodist Church Columbarium Policies are hereby agreed to and accepted:

Signature _____ Date _____

Signature _____ Date _____

Minister _____

Columbarium Committee _____

Chm. Woodmont Trustees _____

Any change to the information on this document requires approval of the Columbarium Committee.