

The Mayflower Columbarium Chapel of Mayflower Congregational Church
3901 Northwest 63rd Street, Oklahoma City, Oklahoma 73116

APPLICATION TO PURCHASE AND CERTIFICATE TO A RIGHT OF INURNMENT

(Please Type or Print Clearly – Separate Application Required for Each person’s Cre mains)

Full Name of Applicant: _____

Mailing Address: _____

_____ Telephone: (____) _____

FAX No.: (____) _____ E-Mail Address: _____

- | | | | |
|----------------------|--|----------|--|
| Inurnment Requested: | <input type="checkbox"/> Niche Wall | \$1,500. | (includes name plate) |
| | <input type="checkbox"/> Niche Tower | \$1,500. | (includes name plate) |
| | <input type="checkbox"/> Memorial Garden | \$ 750. | (includes name plate) |
| | <input type="checkbox"/> Scatter Garden | \$ 500. | (includes inscription) |
| | <input type="checkbox"/> Memorial Plaque | \$ 300. | (includes plaque – only complete inscription form) |

Full Name of Eligible Person or Persons who will be inurned:

<u>Person 1:</u> Name
Address:
E-mail address:
Relationship to Applicant:

Designated Person(s) to receive notification regarding the Right of Inurnment after inurnment:

<u>Initial Designee :</u> Name
Address:
E-mail address:
Relationship to Applicant:

<u>Successor Designee:</u> Name
Address:
E-mail address:

Relationship to Applicant: _____

***Second Successor Designee:* Name**

Address:

E-mail address:

Relationship to Applicant:

Terms of Purchase:

1. Full Payment of _____ submitted with Application.
2. The Applicant agrees that the Right of Inurnment is subject to the Columbarium Rules, Policies and Regulations governing operation of the Columbarium as now existing and as they may be amended in the future are a part of this Application for all purposes, and acknowledges receipt of a copy of the existing Rules, Policies and Regulations.
3. The Applicant understands and acknowledges that Mayflower Congregational Church and its authorized agents and representatives shall be liable only for acts of gross negligence and intentional wrongdoing, and in no event shall any such party be liable for any monetary awards in excess of the reservation fee paid by the Applicant.
4. The Columbarium Committee may reject a person's application to purchase inurnment space in the Mayflower Columbarium for any reason.

Applicant Signature: _____ **Date:** _____

Office Use Only

Application Received by: _____ **Date:** _____

Application Approved by Columbarium Committee: Date: _____

Applicant Notified of Action on (date): _____ . Certificate No. _____