

Piedmont Episcopal Church Application for Reservation of Niches in the Piedmont Episcopal Church Columbarium

Date: _____

Name: _____
Last
First
Middle Initial

Street Address: _____
City
State
Zip

Telephone: _____ Number of Canisters to be Reserved _____ Preference of Location: _____

Full Payment of: \$ _____ is enclosed (\$500 for two canisters or \$300 for one canister)

NEXT OF KIN

Name	Address

RECORD OF INURNMENT

NAME	BIRTH DATE	DEATH DATE	NICHE NUMBER	DATE OF INURNMENT

Select niche number from chart below and enter number above. Shaded niche (as shown to the right) indicates that niche is not available



1	2	3
4	5	6
7	8	9

10	11	12
13	14	15
16	17	18

CENTER

19	20	21
22	23	24
25	26	27

28	29	30
31	32	33
34	35	36