Monte Sano United Methodist Church 601 Monte Sano Boulevard, Huntsville, Alabama 35801 Telephone: 256-533-6083 Email: montesanoumc@gmail.com

APPLICATION FOR COLUMBARIUM/MEMORIAL GARDEN

Name of Applicant:			Telephone	
Email:		StreetAddress:		
City:		State:	Zip Code:	
I am applyi	ng for the following:			
Purchase a Memorial I Memorial I Memorial I Memorial I	Plaque, Two Names, Sing Plaque, One Name, Single Plaque, Two Names, Sing atter Cremains in Memor	ble Inurnment e Plaque, with Scattering of C le Plaque, with Scattering of e Plaque, without Scattering le Plaque, without Scattering ial Garden without Plaque _		
	Complete ONE of th	e following sections. Each	application form limited to ONE request.	
<mark>1. PURCH</mark>	ASE A RIGHT OF INU	JRNMENT, SINGLE INU	RNMENT:	
Full name	of eligible person who wi	ll be inurned:		
Street Add	ress:			
City:		State:	Zip Code:	
Eligibility:	Immediate family (spor of religious affiliation Prior member of MSUN Former minister of the Resident of the Monte	on MC or his/her immediate fam Church or his/her immediate Sano community	d) of MSUMC member, regardless nily member as defined above e family member as defined above	
Exact word	ling for Niche Facing Pla	que:		
Name:				
Birth Date:		Death Date:		
Third Line	(optional; subject to appr	oval of Trustees Committee	and limitations of engraver):	

2. PURCHASE A RIGHT OF INURNMENT, DOUBLE INURNMENT, ONE NICHE:

Person 1:

Full name of	f eligible person who will be inurned:				
Street Addr	ess:				
City:	State:	Zip Code			
Eligibility:	 Current MSUMC member Immediate family (spouse, partner, child, step-child) of MSUMC member, regardless of religious affiliation Prior member of MSUMC or his/her immediate family member as defined above Former minister of the Church or his/her immediate family member as defined above Resident of the Monte Sano community Other person (upon written request, approved by the Trustees Committee) 				
Exact word	ing for Niche Facing Plaque:				
Name:					
Birth Date:	Death Date	:			
Third Line	(optional; subject to approval of Trustees Committee and	limitations of engraver):			
	of eligible person who will be inurned:				
	State:				
-	Current MSUMC member Immediate family (spouse, partner, child, step-child) of of religious affiliation Prior member of MSUMC or his/her immediate family Former minister of the Church or his/her immediate far Resident of the Monte Sano community Other person (upon written request, approved by the Tr	MSUMC member, regardless member as defined above mily member as defined above			
Exact word	ing for Niche Facing Plaque:				
Name:					
Birth Date:	Death I	Date:			
	(optional; subject to approval of Trustees Committee and				
3. PURCH	ASE OF MEMORIAL PLAQUE, ONE NAME, WIT	H CREMAINS SCATTERING:			

Full name of eligible person:

City:		State:	Zip Code:
Eligibility:	Current Monte Sano United Methodist C Immediate family (spouse, partner, child of religious affiliation Prior member of MSUMC or his/her imm Former minister of the Church or his/her Resident of the Monte Sano community Other person (upon written request, appr	, step-child) of MSUI nediate family memb immediate family m	MC member, regardless per as defined above ember as defined above
Exact word	ing for Memorial Plaque:		
Name:			
Birth Date:		Death Date:	
Third Line	(optional; subject to approval of Trustees)	Committee and limita	ations of engraver):
Doto of Soo	ttering:		
<mark>4. PURCH</mark>	ASE OF MEMORIAL PLAQUE, TWO ING:) NAMES, SINGLE	CPLAQUE, WITH CREMAINS
4. PURCH SCATTER Person 1 Full name c			
4. PURCH SCATTER Person 1 Full name of Street Addr	ING: f eligible person:		
4. PURCH SCATTER Person 1 Full name c Street Addr City:	ING: f eligible person: ess:	_ State: hurch (MSUMC) me l, step-child) of MSU nediate family memb immediate family m	Zip Code: mber MC member, regardless er as defined above ember as defined above
4. PURCH SCATTER Person 1 Full name c Street Addr City: Eligibility:	ING: f eligible person: ess: Current Monte Sano United Methodist C Immediate family (spouse, partner, child of religious affiliation Prior member of MSUMC or his/her imi Former minister of the Church or his/her Resident of the Monte Sano community	_ State: hurch (MSUMC) me l, step-child) of MSU nediate family memb immediate family m	Zip Code: mber MC member, regardless er as defined above ember as defined above
4. PURCH SCATTER Person 1 Full name of Street Addr City: Eligibility:	ING: f eligible person: ess: Current Monte Sano United Methodist C Immediate family (spouse, partner, child of religious affiliation Prior member of MSUMC or his/her imi Former minister of the Church or his/her Resident of the Monte Sano community Other person (upon written request, appr	_ State: hurch (MSUMC) me l, step-child) of MSU nediate family memb immediate family m 	Zip Code: mber MC member, regardless er as defined above ember as defined above Committee)
4. PURCH SCATTER Person 1 Full name of Street Addr City: Eligibility: Eligibility:	ING: f eligible person: ess:	_ State: hurch (MSUMC) me l, step-child) of MSU mediate family memb immediate family m roved by the Trustees	Zip Code: mber MC member, regardless per as defined above ember as defined above Committee)

Date of Scattering: _____

Person 2: Full name of eligible person:

Street Addr	ess:				
City:	State:	Zip Code	e:		
Eligibility:	Current Monte Sano United Methodist Church (MSUMC) member Immediate family (spouse, partner, child, step-child) of MSUMC member, regardless of religious affiliation Prior member of MSUMC or his/her immediate family member as defined above Former minister of the Church or his/her immediate family member as defined above Resident of the Monte Sano community Other person (upon written request, approved by the Trustees Committee)				
Exact wordi	ing for Memorial Plaque:				
Name:					
Birth Date:	De	eath Date:			
Third Line (optional; subject to approval of Trustees Committe	e and limitations of engraver):			
Date of Sca	ttering:				
<mark>5. PURCH</mark>	ASE OF MEMORIAL PLAQUE, ONE NAME,	WITHOUT CREMAINS SCA	FTERING:		
Full name o	f eligible person:				
Street Addr	ess:				
City:	State:	Zi	p Code:		
Eligibility:	Current Monte Sano United Methodist Church (M Immediate family (spouse, partner, child, step-chi of religious affiliation Prior member of MSUMC or his/her immediate fa Former minister of the Church or his/her immedia Resident of the Monte Sano community Other person (upon written request, approved by the	ild) of MSUMC member, regardl amily member as defined above _ ate family member as defined abo	ove		
Exact wordi	ng for Memorial Plaque:				
Name:					
Birth Date:	1	Death Date:			

Third Line (optional; subject to approval of Trustees Committee and limitations of engraver):

6. PURCHASE OF MEMORIAL PLAQUE, TWO NAMES, SINGLE PLAQUE, WITHOUT CREMAINS SCATTERING:

<i>Person 1:</i> Full name o	f eligible person:	
Street Addre	ess:	
City:	State:	Zip Code:
Eligibility:	Current Monte Sano United Methodist Church (MSUMC) member Immediate family (spouse, partner, child, step-child) of MSUMC member of religious affiliation Prior member of MSUMC or his/her immediate family member as define Former minister of the Church or his/her immediate family member as define Resident of the Monte Sano community Other person (upon written request, approved by the Trustees Committee	er, regardless ed above efined above
Exact wordi	ing for Memorial Plaque:	
Name:		
Birth Date:	Death Date:	
Third Line ((optional; subject to approval of Trustees Committee and limitations of eng	graver):
<i>Person 2:</i> Full name o	f eligible person:	
Street Addre	ess:	
City:	State:	Zip Code:
Eligibility:	Current Monte Sano United Methodist Church (MSUMC) member Immediate family (spouse, partner, child, step-child) of MSUMC member of religious affiliation Prior member of MSUMC or his/her immediate family member as define Former minister of the Church or his/her immediate family member as define Resident of the Monte Sano community Other person (upon written request, approved by the Trustees Committee	er, regardless ed above efined above
Exact wordi	ing for Memorial Plaque:	
Name:		
Birth Date:	Death Date:	

Third Line (optional; subject to approval of Trustees Committee and limitations of engraver):

7. CREMAINS SCATTERING ONLY (WITHOUT PLAQUE):

Street Address	S:		
City:		State:	Zip Code:
II P F R	mmediate family (spouse, partr of religious affiliation Prior member of MSUMC or his Former minister of the Church of Resident of the Monte Sano con	s/her immediate family member as r his/her immediate family memb	member, regardless s defined above er as defined above
Birth Date:		Death Date:	

All applicants complete this section:

Next of kin, other family member, or designated person to notify in the event the Monte Sano United Methodist Church no longer exists and the Columbarium structure is to be sold or demolished:

Name:	Relationship:				
Address:					
	Street	City	State	Zip Code	
Telephone:					
Name:		Relationship:			
Address:					
	Street	City	State	Zip Code	
Telephone:					

TERMS OF PURCHASE:

Total cost of above request as per Columbarium/Memorial Garden Rules and Regulations: \$_____

- Initial: ______ I have received, read, and understand the Monte Sano United Methodist Church Columbarium/Memorial Garden Rules and Regulations as existing now and/or which may exist in the future as a part of this Application and I agree to abide by them.
- Initial: ______ I hereby release Monte Sano United Methodist Church and its employees, directors, officers, agents, committees, volunteers, and representatives from all claims, liability, and causes of action, relating to or pertaining to this Application, inurnment, and the past, present, and future operation of Monte Sano United Methodist Church Columbarium/Memorial Garden, including all negligence, loss, destruction, vandalism, and desecration of cremains, save and except for acts of gross negligence or intentional wrong doing and in no event shall they corporately or individually be liable for any damages to me or my relatives or heirs beyond the purchase price of this contract.

Applicant's Signature:	Doto
Applicant's Signature:	Date:

Office Use Only:

Application Received By:			Date:
		-	
Approved:	Denied:	Approved/I	Denied By:
Payment Received Date:		Reason for	Denial:
Payment Amount: \$			
Check Number:			

Columbarium Niche and Memorial Plaque Pricing							
Columbarium Member Non-Member Memorial Member Non-Member							
Niche	Niche Plaque						
Single \$2450 \$2950 Single \$500 \$600							
Double	\$2700	\$3200	Double	\$625	\$725		