

THE COLUMBARIUM
of
HOPE PRESBYTERIAN CHURCH
Winter Haven, Florida

RESERVATION APPLICATION

Date: _____, 20____

Name:* _____ Year of Birth _____
Last Name First Name Middle Initial

Name:* _____ Year of Birth _____
Last Name First Name Middle Initial

Street Address: _____

City: _____ State _____ ZIP Code _____

Telephone: Home _____ Business _____

Members or affiliate of Church: yes ___ If no, relation to member or affiliate: _____

Contact person: _____ Relationship _____ Ph. () _____

Address: _____ City: _____ State ___ ZIP Code _____

Preferred Niche Location(s): _____ Special request for services _____

Payment: Amount: \$_____ Date received: _____ Received by: _____

*Additional names, if desired:

Name:* _____ Year of Birth _____
Last Name First Name Middle Initial

Name:* _____ Year of Birth _____
Last Name First Name Middle Initial

A container for remains is included.