

**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.**