

Grace Garden

A COLUMBARIUM AT

FIRST UNITED METHODIST CHURCH OF GEORGETOWN
410 EAST UNIVERSITY AVENUE, GEORGETOWN, TEXAS 78626



INSCRIPTION REQUEST

(Please type or print clearly. One form required per niche)

Subject to the Rules, Policies and Regulations from time to time in effect and governing the Grace Garden at First United Methodist Church of Georgetown, you are hereby requested and authorized, at or as soon as practical following the time of inurnment, to inscribe the following information on the niche identified as:

WALL _____ ROW _____ COLUMN _____

FIRST INSCRIPTION: (Please type or print clearly):

Name: _____

Format must be: (First, Last) or (First, Middle, Last) or (First, Middle Initial, Last)

Date of Birth: _____

Month, Day, Year

Date of Death: _____

Month, Day, Year

SECOND INSCRIPTION: (Please type or print clearly):

Name: _____

Format must be: (First, Last) or (First, Middle, Last) or (First, Middle Initial, Last)

Date of Birth: _____

Month, Day, Year

Date of Death: _____

Month, Day, Year

Please locate the following inscription in the *upper position* on the niche face.

First Inscription Second Inscription First to Die

I certify that the text contained on this form is correct, and any changes shall be made at my expense.

Requestor's Signature: _____ Date _____

Received By _____ Date _____