Grace Garden A COLUMBARIUM AT

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

APPLICATION TO PURCHASE A RIGHT OF INURNMENT

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

| 1. Name of Applicant: _ | | | Phone: |
|--|---|--|--|
| 2. Street Address: | | | |
| City, State, Zip Code: | - <u></u> | | |
| 3. Full Name of Eligible | Person(s) who will be | inurned (up to | o two per niche): |
| Person 1: Name: | _ | | |
| Relationship to Appli | cant: | | |
| | , | | _ |
| Person 2: Name: | | | |
| Relationship to Appl | icant: | | |
| | • | _ | _ |
| Methodist Church Georg person(s) whose remains | getown, and, on behalf is are to be inurned pu now exist and as they i | of myself and ursuant to this may be revised | es and Regulations of Grace Garden at First United all parties related to me and all parties related to the Application, I agree to abide by such Rules, Policies d in the future. Please initial and date, indicating your date |
| be inurned pursuant to trespective directors, of representatives from all Application, (ii) the past, the inurnment of cremai RELEASES, WITHOUT INEGLIGENCE OR MISARISING FROM ANY INTEGRATION ANY INTEGRATION INT | this Application, I here ficers, ministerial staclaims, liability, and cat present and future opens that are the subject LIMITATION, ANY LISCONDUCT ON THE LOSS, DESTRUCTION APPLICATION. THE | eby release First aff, members, auses of action, peration of Gract of this Application of EPART OF ART OF LIABILITY OF LIABILITY OF LIABILITY OF ART OF ART OF LIABILITY OF ART OF AR | parties related to the person(s) whose cremains are to st United Methodist Church of Georgetown and their agents, employees, committees, volunteers and relating or pertaining directly or indirectly to (i) this ace Garden or any other columbarium facility, and (iverties and the columbarium facility, and (iverties are graden or any other columbarium facility). |
| | | | / |
| | | | APPLICANT SIGNATURE & DATE |
| Application Received By: _ | | | Date Received: |
| | | | Niche Location (Wall/Row/Column)// |