

The Columbarium of Preston Hollow Presbyterian Church

9800 Preston Road, Dallas, Texas 75230

Application to Purchase a Right of Inurnment

(Please Print Clearly - Separate Application Required for Each Niche)

Full Name of Applicant: _____ Application No.: _____

(Leave Blank)

Street Address: _____ City, State, Zip: _____

Telephone:(____) _____ Fax. No. :(____) _____ E-Mail: _____

Niche Requested (Subject to Approval): Wall (A-G) _____ Column No. _____ Row (A-F) _____

Eligibility for Purchase Due To: PHPC Member ____; OR Former PHPC Member ____ in years ____--____;

OR Relative of PHPC Member (name) _____ Relationship _____

Full Name(s) of Eligible Person(s) Who Will be Inurned:

Person 1: Name _____

Address _____ City, State, Zip _____

Relationship to Applicant _____

Person 2: Name _____

Address _____ City, State, Zip _____

Relationship to Applicant _____

Terms of Purchase:

1. Full Payment of \$1,500 Submitted with Application by: Check (# _____) **OR** Credit Card (_____)
If Credit Card: **Only** Visa ____ or Mastercard ____, # _____ Exp. Date ____/____
Name *exactly as it appears on credit card*: _____
2. The Applicant agrees that the Columbarium Rules, Policies and Regulations governing operation of the Columbarium as now existing or which may exist in the future are a part of this application for all purposes, and acknowledges receipt of a copy of the existing Rules, Policies and Regulations.
3. The Applicant understands and acknowledges that Preston Hollow Presbyterian Church and its authorized agents and representatives shall be liable only for acts of gross negligence and intentional wrongdoing, and in no event shall any such party be liable for any monetary awards in excess of the reservation fee paid by the applicant.

Applicant's Signature: _____ Date: _____

Complete all information requested above.

Do not write in this box.

Application Received by: _____ Date _____

Application Approved by Columbarium Committee: Date _____ Certificate No. _____

Application Number: _____
(Leave Blank)

Individual Niche Inscription Order Form

To the Columbarium Committee of Preston Hollow Presbyterian Church:

Subject to the Rules, Policies and Regulations of the Columbarium Committee, you are hereby requested and authorized to have placed upon the plaques covering Niche Number: Wall (A-G) _____, Column _____, Row (A-F) _____, in which the remains of _____ and _____ have been or are registered to be inurned, the engraved inscriptions as follows:

Inscription for First Plaque (please print carefully):

Name: _____
(First, Last) **OR** (First, Middle, Last) **OR** (First, Middle-Initial, Last)

Date of Birth: _____ Date of Death: _____
(Month, xx, xxxx) (Month, xx, xxxx)

[If deceased, remains: _____ are available; **OR** _____ are not available for inurnment]
[Date of Inurnment: _____] (Leave Blank)

Inscription for Second Plaque (please print carefully):

Name: _____
(First, Last) **OR** (First, Middle, Last) **OR** (First, Middle-Initial, Last)

Date of Birth: _____ Date of Death: _____
(Month, xx, xxxx) (Month, xx, xxxx)

[If deceased, remains: _____ are available; **OR** _____ are not available for inurnment]
[Date of Inurnment: _____] (Leave Blank)

I/We request that the First Plaque _____ **OR** Second Plaque _____ **OR** First to Die _____ be located in the upper position on the niche face. (If only one plaque, it will be centered.)

I certify that the above inscription text is correct and any changes shall be made at my expense.

Signed: _____ Date: _____

Authority for request (check one): ___ Owner of Right; ___ Owner's Heir; ___ Executor;
OR ___ Administrator.

**Complete all information requested above.
Do not write in this box.**

Acknowledged for the Columbarium Committee:

Signed _____ Date _____ Certificate No. _____

Please return completed applications to:

Preston Hollow Presbyterian Church, Attn Columbarium Committee
9800 Preston Rd. Dallas TX 75230