

Application for Columbarium Niche / Memorial Plaque

Davidson United Methodist Church
PO Box 718, 233 South Main Street
Davidson, NC 28036

Name: _____

Address: _____

Email: _____

Name of Person(s) To be Inurned

Person #1

Full name as it will appear on niche cover: _____

Date of birth: _____

Relationship to applicant: _____

Person #2

Full name as it will appear on niche cover: _____

Date of birth: _____

Relationship to applicant: _____

Fee

- Double niche \$2,400
- Single niche \$1,200
- Memorial plaque \$500

FOR OFFICE USE

Date and time returned: _____

Check accompanied: Yes (check # _____) No

Applicant membership status: _____