

# Columbarium Niche Reservation Agreement

Prince of Peace Lutheran Church  
424 Kings Grant Road  
Virginia Beach, Virginia 23452

*Names and address(es) of subscribers, please print:*

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_  
PHONE(S): \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_  
PHONE(S): \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

*Name and address of persons who shall have the right and authority to change the designation upon the death or disability of the subscriber(s)*

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

**COST OF NICHE:** \$ \_\_\_\_\_  
**TOTAL COST** \$ \_\_\_\_\_  
**DOWN PAYMENT** \$ \_\_\_\_\_  
**MONTHLY PAYMENT** \$ \_\_\_\_\_

Last payment due:  
\_\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Paid (*treasurer init.*)

**COST OF COMPLETER PACKAGE(s) \$** \_\_\_\_\_

*The subscriber understands that all monies must be paid before inurnment occurs. The undersigned agrees that the rules and regulations for the Columbarium of Prince of Peace Lutheran Church, Virginia Beach, Virginia, as they may be amended from time to time, shall govern the use of the niche and the operation of the columbarium.*

Subscriber Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscriber Signature \_\_\_\_\_ Date \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Chair, Columbarium Committee Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
Niche Number	Date remains received	Date remains interred
Subscriber 1		
Subscriber 2		

