APPLICATION FOR COLUMBARIUM NICHE

I hereby apply to reserve niche space in the Krunderstand that this application is subject to the have been furnished with and have read a copyright in the control of the	ne approval of the Columbarium Comm y of the policy. I understand that when	ittee. I this
application is signed by me and accepted and application shall constitute an agreement betw Name(s):	veen me and the Columbarium Commit	
Address:		
Phone: Home:	Work	
Niche Amount: 2200		
Niche Number:	11 (W 'C D' - T 4 Cl	-1-
Enclosed is a check in the above amount mad Columbarium Committee.	le payable to Knife River Lutheran Chu	irch
		Date
Signature of Applicant		
Ci		Date
Signature of Applicant		
Application accepted as of (date below) by Kr Committee	nife River Lutheran Church Columbario	um
Signed:	Title:	
Date:		
Primary Family Contact: Name		
Address		
Phone		
Eman		
Additional Family Contact: Name		
Address		
Phone		
Email		

In the event that the above information changes, please inform the Columbarium Committee at Knife River Lutheran Church Columbarium Committee, p.o. box 218, Knife River, MN 55609. 218-834-5172

INSCRIPTION INFORMATION Inscriptions will consist of the following identification only

Name of the deceased Dates of birth and deathPlease type or print Niche Number:
Name:
Date of Birth:
Date of Death
Name:
Date of Birth:
Date of Death:

Knife River Lutheran Church Columbarium Certificate

Niche Number			
The Knife River Church Columb	arium Committee hereb	y certifies that it gran	its to
the exclusive right and privilege	of depositing the cremat	ted remains of	
and			
in Niche Number of th	e Knife Diver Lutheren	Church Columbariu	m located at
Knife River Lutheran Church, 15			.H located at
Tamio idvoi Badiotal Charon, 15	o ondion itoda, immo i	d / 01, 1/11	
Certificate issued this	day of	, 2	0 by
The Knife River Lutheran Church	n Columbarium Commi	ttee	-
Signature:			
Title:		watermak wa	