

Application Form for Urn Berth Donation at Dizang Hall

Urn's Type: () Double Berth (separate application forms required) () Single Berth
 Urn's No: _____ (Filled out by MABA Officer after specific location is drawn.)

() Self Future use () Urn's owner	
Name: _____ Chinese Name (if any): _____ <div style="text-align: center; font-size: small;"> First Middle Last </div>	
Gender: () Male () Female Date of Birth: _____ Urn's Owner's Deceased Date : _____	
Applicant: _____ Chinese Name (if any): _____ <div style="text-align: center; font-size: small;"> First Middle Last </div>	
Gender: () Male () Female Relationship with urn's owner: _____ or Self ()	
Address: Street _____ City _____ State _____ Zip _____ Tel No. ()-()-() Cell Phone: ()-()-() Fax: ()-()-() E-mail (if any): _____	
Main Contacts (provide two people if needed):	
1. Name: _____ Chinese Name (if any): _____ <div style="text-align: center; font-size: small;"> First Middle Last </div> Relationship with () future or () current urn's owner: _____ Address: _____ Email (if any): _____ <div style="text-align: center; font-size: small;"> Street City State Zip </div> Tel No. ()-()-() Cell Phone: ()-()-() Fax: ()-()-()	
2. Name: _____ Chinese Name (if any): _____ <div style="text-align: center; font-size: small;"> First Middle Last </div> Relationship with () future or () current urn's owner: _____ Address: _____ Email (if any): _____ <div style="text-align: center; font-size: small;"> Street City State Zip </div> Tel No. ()-()-() Cell Phone: ()-()-() Fax: ()-()-()	
Applicant's Signature: _____ Date: _____	
MABA Officer will fill out the following:	
Contribution Status: () Received 50% of contribution \$ _____ () Cash () Check Check # _____ Receipt # _____ <div style="text-align: right; font-size: small;"> Received by: _____ Date: _____ </div>	
() Received remaining contribution \$ _____ () Cash () Check Check # _____ Receipt # _____ <div style="text-align: right; font-size: small;"> Received by: _____ Date: _____ </div>	
() Received contribution in full \$ _____ () Cash () Check Check # _____ Receipt # _____ <div style="text-align: right; font-size: small;"> Received by: _____ Date: _____ </div>	
Urn Placement Status: () Reserved _____ Day _____ Month _____ Year () Placed _____ Day _____ Month _____ Year	
Had offered permanent lotus tablet for deceased? () NO () YES If yes, tablet number: _____	
Urn's inscription: _____ Remark: _____	
MABA Officer's Signature: _____ Print Name: _____ Date: _____	