



To know, love and serve Jesus
 by sharing our gifts through our baptismal mission

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Columbarium and Memorial Gardens

Application to purchase a Columbarium Wall Niche and Inurnment

I wish to purchase a Columbarium Wall Niche at the Our Lady of Mt Carmel Memorial Gardens for:

Immediate inurnment or Reservation for future inurnment
(this price includes the niche in the memorial wall, the cylindrical urn, the memorial name plate, gst)

\$1500

Receipt No: _____

PERSONAL DETAILS - APPLICANT *(This section is required for all applications)*

Applicant's Surname: _____ Title: _____

First Name: _____ Second Name: _____

Address: _____

Phone number: _____ Mobile Ph: _____

Email address: _____

Date of Birth: _____

Are you purchasing the niche for yourself Yes / No

PERSONAL DETAILS OF DECEASED

Surname of deceased: _____ Title: _____

First Name: _____ Second Name: _____

Address: _____

Date of birth: _____ Date of death: _____

Place of death: _____ Marital Status: _____

Funeral Director: _____

Relationship to deceased: _____

PAYMENT OPTIONS

Cash/Cheque/Credit card Please pay at office 9.30am - 12.30 pm Tues - Frid make cheques payable to Our Lady of Mt Carmel	Direct Debit Please complete a Direct Debit form at parish office	Electronic Funds Transfer BSB : 066711 Acct: 000320 Acc Name: OLMC Varroville Reference: Surname & Inv No
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COLUMBARIUM WALL NICHE RESERVATION ONLY

Reserved for (Full Name): _____

Address: _____

Email: _____ Phone: _____

Please print name : _____

Signature: _____

Preferred location for inurnment: Wall _____ Niche _____

(a niche can only be reserved when a deposit or full payment has been received)



INSCRIPTION OF COLUMBARUM WALL (NICHE) PLAQUES

The bronze plaques will be provided and lettering arranged (in accordance with this application) by the Columbarium Committee.

The plaque will be 152mm x 152mm and will have a simple cross emblem plus an inscription.

The inscription lettering on any niche plaque can be up to 7 lines.

The example below is for your guidance:

	
LINE 1: IN LOVING MEMORY	IN LOVING MEMORY OF
LINE 2: FIRST NAMES	MICHAEL JOHN
LINE 3: SURNAME	TREWELLEN
LINE 4: DATES	24.3.1933 – 13.12.2014
LINE 5: INSCRIPTION	MISSED BY HIS LOVING FAMILY
LINE 6: INSCRIPTION	THE LORD IS MY SHEPHERD
LINE 7: INSCRIPTION	REST IN PEACE

DECLARATION

I hereby acknowledge that I have received a copy of the Terms and Conditions of the Our Lady of Mount Carmel Columbarium and Memorial Gardens and that I have read them or they have been read to me.

Signed by the applicant _____ date _____