${\bf ST.~PHILIPS~EPISCOPAL~CHURCH}$

334 MacDonough Street Brooklyn, NY 11233 (718) 778-8700

COLUMBARIUM APPLICATION FOR RESERVATION OF NICHES

NAME			
LAST	FIRS'	Γ	MIDDLE
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE Home		Cell	
REQUEST Number of NICHE	ES to be reserved		
Preference of loca	tion		
PAYMENT will be made balance to be paid within	in full at time of purcha		
Purchaser's Signature			Date
CHURCH OFFICE USE:			
Date of sale		_ No. of Niche (s)	
Niche Name			
Date Informed Purchaser		Total Cost	
Amount Paid		Check No.	
Comments			
Certificate NumberSTP - 7/15	Processed By		

COLUMBARIUM CERTIFICATE DATA (PLEASE PRINT)

DECEASED NAME			
SOCIAL SECURITY	DATE OF DEATH		
SPOUSE NAME			
MAIDEN NAME			
BIRTHDATE	BIRTHPLACE		
CITIZEN OF WHAT COU	NTRY		
FATHER'S NAME	BIRTHPLACE		
MOTHER'S NAME	BIRTHPLACE		
YRS. OF EDUCATION			
OCCUPATION			
VETERAN	DATE ENT DATE DISCHARGED _		
DATE BAPTIZED	Church		
DATE confirmed	Church		
Name of person in charg	ge of the arrangements:		
NAME			
ADDRESS			
	Cell		
ADDITONAL INFORMAT	TION		
Signature		Date	