

Columbarium Reservation Form

Date:						
Name:					· · · · · · · · · · · · · · · · · · ·	
Address:	Street			State	Zip	
Telephone:		Email	:			
Church Mem	bership:			Synod:		
Current Mem	ber/Lot #:	Former member:	Fri	end of LVR:		
House. Each	ımbaria are a 12-nic n niche contains 2 cr ilhelm Monument Co	ypts(2 cremains). T	he engravi	ng is carved		
Costs:	Niche - \$1,000	Crypt - \$500	Engravino	g – included	in cost	
Number of cr	ypts:	Cost per crypt:		Total: _		
Enclosed Col	lumbarium fee:		(Payment sh	nould accompa	any the reservat	ion.)
Name of pers	son(s) to be interred:	Self Spouse	Chi	ild Pa	arent	
		Self Spouse	Chi	ild Pa	arent	
	1431					

Date: _____

Member Signature:

Location requested:

(Space #)

Columbarium #1

"I lift my eyes to the hills." Psalm 121:1

Not	Not	Not	Not
Available	Available	Available	Available
Not	Not	Not	Not
Available	Available	Available	Available
Not	Not	Not	Not
Available	Available	Available	Available

Columbarium #2

"I am the resurrection and the life." John 11:25

	Not Available	Not Available	Not Available	Not Available	
	Not Available	C6	Not Available	Not Available	
	C9	Not Available	Not Available	Not Available	

Columbarium #3

"The Lord is my light and my salvation." Psalm 27:1

Not Available	D2	D3	D4	
D5	D6	D7	D8	
D9	D10	D11	D12	

Board use only:		
Date Payment Received:		
Amount Received:	Check #:	
Received by:		
(Print name)	(Signature)	