

# OUR LADY OF THE MISSION PARISH CRAIGIE



## COLUMBARIUM NICHE – APPLICATION TO RESERVE

### Section A: Details of Applicant

Title:	Given Name:	Family Name:
Current Address:		
Suburb/Town:	Postcode:	State:
Phone:	Mobile:	
Email :		
Relationship of applicant to Reseree: (If other than self)		
Relationship to Craigie Parish:		

### Section B : Type of Application (please tick)

Immediate Use:	Reserved:
Preferred Saint's Wall:	

### Section C: Details of Reseree

Title:	Given Name:	Family Name:
Death Certificate Registration Number:		
Cremation Certificate Attached:	Yes	No (Please circle)
(Office Use Only)		
Date Interred: ____/____/____	Parish Priest's Signature: _____	

### Section D: Inscription for Memorial Plaque

Provided by Applicant/Reseree:	Yes	No	(Please circle)
Where the application is for immediate use of a niche, please complete the details of the inscription desired on the form provided.			

### Section E: Signature and Declaration

I, \_\_\_\_\_ hereby acknowledge that I have received a copy of the Columbarium General Conditions of Our Lady of the Mission Parish Craigie and that I have read, understood and accept the terms therein.

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use Only: Payment Details: Cost \$700 (plus extra cost of engraving memorial plaque)**

Paid By: 1.Cash 2.EFTPOS or Credit Card (1.5% surcharge) 3.Direct Debit – BSB 086 006 A/C 66579 4722

Received By \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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Receipt Number: \_\_\_\_\_ CM

Application Number: \_\_\_\_\_ CM

Saint's Wall: \_\_\_\_\_ CM

Row/Niche Number: \_\_\_\_\_ CM

Signatures of Approval: \_\_\_\_\_ Committee Member

\_\_\_\_\_ Parish Priest