

OUR LADY OF THE MISSION PARISH CRAIGIE



COLUMBARIUM LEAF - APPLICATION

Section A: Details of Applicant

| | | |
|---|-------------|--------------|
| Title: | Given Name: | Family Name: |
| Current Address: | | |
| Suburb/Town: | Postcode: | State: |
| Phone: | Mobile: | |
| Email : | | |
| Relationship of applicant to Person Remembered: | | |
| Relationship to Craigie Parish: | | |

Section B: Details of Person Remembered

| | | | |
|---------------|-------------|-----------------------|---|
| Title: | Given Name: | Family Name: | |
| Tree of Life: | Left | Right (please circle) | position of Leaf allocated by Committee |

Section C: 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 accepted the terms therein.

Signature _____ Date: ____/____/____

Office Use Only: Payment Details: Cost \$70 (plus extra cost of engraving)

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 ____/____/____

Receipt Number: _____ CM

Application Number : _____ CM

Signatures of Approval: _____ Committee Member

_____ Parish Priest