



AGREEMENT REGARDING MEMORIAL PLAQUE RIGHTS

In the Columbarium

at
Coker United Methodist Church, Inc.
231 E. North Loop Rd, San Antonio, Texas 78216
210-494-3455

Purchaser's Name: _____
(Please Print)

Purchaser's Address: _____

Purchaser's Telephone: (Home) _____ (Cell) _____

Decedent's Relationship to Purchaser: _____

Date of Purchase _____ Purchase Price _____ Panel _____ Row ____ Column ____

Refund Policy. There are no refunds for Plaques once they are engraved.

Inscription Information - This information will be relied upon for engraving the Memorial Plaque.

Please Print Name of First Decedent as it should appear on the Memorial Plaque:

First Middle Last

First Decedent's Date of Birth: _____
Month Day Year

First Decedent's Date of Death: _____
Month Day Year

Please Print Name of Second Decedent as it should appear on the Memorial Plaque:

First Middle Last

Second Decedent's Date of Birth: _____
Month Day Year

Second Decedent's Date of Death: _____
Month Day Year

COKER  COLUMBARIUM

IN WITNESS WHEREOF, the parties have executed in duplicate originals this *Agreement Regarding Memorial Plaque Rights*, each of which shall constitute an original,

this the _____ day of _____, _____.

Signature of Purchaser

Representative of Coker United Methodist Church, Inc.