



APPLICATION FOR INURNMENT OF CREMATED REMAINS

In the Columbarium

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

Certificate No. _____ Vault: _____ Chamber: Row _____ Column _____ Space "A" _____ Space "B" _____

Date of Inurnment _____

Purchaser Name: First _____ Middle _____ Last _____
(Please Print the Name of the purchaser/owner of chamber)

Purchaser's Address : _____

Purchaser's Telephone: _____
Home Cell

Decedent's Relationship to Purchaser: _____

Applicant's Name: _____
(Name of person requesting inurnment if different from Purchaser)

Applicant's Address: _____

Applicant's Telephone: _____
Home Cell

Funeral Home/Director: _____

Funeral Home Telephone: _____

Date and Time of Committal Service: (Date) _____ (Time) _____

Clergy Officiating: _____

Please PRINT Name of First Decedent:

First Middle Last

First Decedent's Last Address: _____

First Decedent's Place of Birth: _____

First Decedent's Place of Death: _____

Please PRINT Name of Second Decedent:

First Middle Last

Second Decedent's Last Address: _____

Second Decedent's Place of Birth: _____

Second Decedent's Place of Death: _____

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

Please PRINT Name of First Decedent as it should appear in the inscription:

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 in the inscription:

First Middle Last

Second Decedent's Date of Birth: _____

Month Day Year

Second Decedent's Date of Death: _____

Month Day Year

COKER  COLUMBARIUM

I hereby certify that I am the _____ (specify relationship) of the above named decedent(s) and the person legally authorized to make disposition of the remains of the said decedent. I make this Application in accordance with the *Agreement Regarding Inurnment Rights in the Columbarium* between the Subscriber named above and Coker United Methodist Church, Inc.

Signature of Applicant

Date: _____

Representative of Coker United Methodist Church, Inc.

Date: _____