

The Columbarium at Poolesville Memorial United Methodist Church

17821 Elgin Rd PO Box 358 Poolesville, MD 20837

office@pmumc.org 301.349.2010

Application to Purchase Right of Inurnment

(Please type or print clearly.)

Name(s) _____

(as you wish to appear on the *Certificate of Right of Inurnment*. Certificates will not be issued in the name of deceased individuals.)

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Eligibility for Purchase: ___ PMUMC Member ___ Former member ___ PMUMC Clergy ___ Other _____

____ Relative of PMUMC Member or Clergy (Name/Relationship) _____

Each Niche accommodates 2 urns. (Designated urns, ID tags and faceplate with inscription are *not* included in the Right of Inurnment and require separate purchase prior to inurnment. See *Urn Purchase and Faceplate Inscription Form*).

\$ 2,750 within the cross (see attached diagram) \$ 2,500 outside the cross (see attached diagram)

Niche # requested (cannot be guaranteed but will be confirmed) see *Diagram of The Columbarium*

1st choice _____ 2nd choice _____

TOTAL AMOUNT ENCLOSED \$ _____

The Applicant agrees that the *Policies and Regulations of the Poolesville Memorial United Methodist Church Columbarium* governing operation as now exists or which may exist in the future, are a part of this application for all purposes, and acknowledges the understanding and receipt of a copy of the current *Policies and Regulations of the Poolesville Memorial United Methodist Church Columbarium*. Any payments made hereunder are in accordance with the same and are made without any reservations, conditions or restrictions.

Applicant's Signature _____ Date _____

This form, including payment, shall be presented in person or by mail to the Church Office. Make the check payable to PMUMC with "columbarium" on the memo line. Anything other than full payment requires a Payment Plan approved by the Columbarium Committee, attached.

FOR OFFICE/COLUMBARIUM COMMITTEE USE ONLY

Application received by: _____ **Date/Time** _____

Application approved by: _____ **Date** _____

Record # _____ **Niche #** _____ **Check #** _____ **\$** _____

Attachments: *Diagram of The Columbarium at Poolesville Memorial United Methodist Church*
Payment Plan Agreement, as indicated

04/03/2023 Applicant shall submit the most recent version of this form (available at www.pmumc.org or in the Church office).