

The Columbarium at Poolesville Memorial United Methodist Church

17821 Elgin Road PO Box 358 Poolesville, Maryland 20837  
office@pmumc.org 301.349.2010

Urn Purchase and Faceplate Inscription Form

Subject to the *Policies and Regulations of the Poolesville Memorial United Methodist Church Columbarium*, you are hereby requested and authorized to order an urn (with engraved ID tag) and to place an inscription upon the faceplate covering Niche # \_\_\_\_\_.

Authority for request (check one): \_\_\_ Grantee of Right of Inurnment \_\_\_ Grantee's Heir  
\_\_\_ Executor/Executrix \_\_\_ Administrator

SINGLE

Elizabeth T., "Liz"  
McGREAGOR  
Jul 21, 1934 - Oct 27, 2002

COMPANION

Nov 21, 1934- Feb 27, 2008  
Charles Frederick, Sr.  
JOHNSON  
Mary Ellen  
Aug 1, 1934 - Sep 27, 2007

SHARED

Margaret R.  
STEPANSKI  
Jan 2, 1931 - Mar 27, 2006  
Kathrine A. Smith  
FJELSTUHL  
Apr 21, 1928 - May 7, 2002

PLEASE TYPE OR PRINT CLEARLY INFORMATION AS SHOWN IN THE FORMATS ABOVE

NAME OF DECEDENT: \_\_\_\_\_ Male  Female

BIRTH: \_\_\_\_\_ DEATH: \_\_\_\_\_  
Month Day Year Month Day Year

COMPANION/ SHARED INFORMATION

NAME OF DECEDENT: \_\_\_\_\_ Male  Female

BIRTH: \_\_\_\_\_ DEATH: \_\_\_\_\_  
Month Day Year Month Day Year

DATE NEEDED: \_\_\_\_\_

**\$300 per inurnment (one urn, one ID tag and inscription).** Make check payable to PMUMC.

I certify that the above inscription text is correct, and any changes/corrections shall be made at my expense. The Church and the Committee shall be responsible only for such errors in the inscription as might be made by the party doing the inscription which deviates from the name and dates as provided herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Total amount enclosed \$ \_\_\_\_\_

**FOR OFFICE/COMMITTEE USE ONLY**  
Received by: \_\_\_\_\_ Date \_\_\_\_\_  
Approved by Columbarium Committee: \_\_\_\_\_ Ordered: \_\_\_\_\_  
Record # \_\_\_\_\_ Niche # \_\_\_\_\_ Check #: \_\_\_\_\_ Amount \$: \_\_\_\_\_