



AUSTIN COLLEGE MEDITATION GARDEN
Austin College, 900 N. Grand Ave., Ste 6G, Sherman, Texas 75090
903-813-2059

APPLICATION TO PURCHASE THE RIGHT OF INTERMENT IN A DOUBLE NICHE

(Please Print Clearly - Separate Application Required for Each Niche)

Full Name of Applicant: _____ Application No.: N -
(LEAVE BLANK)

Street Address: _____ City, State, ZIP: _____

Telephone: (____) _____ Alt. No.: (____) _____ Email : _____

Niche Location (Subject to Approval): SECTION _____ NICHE # _____

Eligibility for Purchase: ALUMNI (class year) _____

FACULTY _____ in years _____ -- _____

STAFF _____ in years _____ -- _____

PC(USA) ORDAINED CLERGY _____

OR Relative of above (name) _____ Relationship _____

Full Name of Eligible Persons to be Interred in this Double Niche:

First Person:

Name _____

Address _____ City, State, ZIP _____

Relationship to Applicant _____

Second Person:

Name _____

Address _____ City, State, ZIP _____

Relationship to Applicant _____

Terms of Purchase:

1. The Applicant agrees to comply with all terms as stated in the Policies and Procedures governing operation of the Austin College Meditation Garden as now existing or which may exist in the future are a part of this application for all purposes, and acknowledges receipt of a copy of the existing Policies and Procedures.
2. The Applicant understands and acknowledges that Austin College and its authorized agents and representatives shall be liable only for the acts of gross negligence and intentional wrongdoing, and in no event shall any such party be liable for any monetary awards in excess of the reservation fee paid by the applicant.

3. The Applicant agrees to pay a one-time fee for the Right of Interment in the Austin College Meditation Garden Columbarium upon approval of the Application.

Applicant's Signature: _____ Date: _____

COMPLETE ALL INFORMATION REQUESTED ABOVE - DO NOT WRITE IN THIS BOX

Application Received by: _____ Date _____ Time _____

Application Approved by: _____ Date _____

Chaplain of the College

_____ Date _____

Austin College Estate Planning Officer



**AUSTIN
COLLEGE**

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COLUMBARIUM NICHE INSCRIPTION ORDER FORM – DOUBLE NICHE

Subject to the Policies and Procedures of the Austin College Meditation Garden, you are hereby requested and authorized to engrave upon the face cover the following identifying inscription(s) of the Holder(s) of the Certificate Interment Rights. Length of inscription *may be limited* due to number of spaces/characters.

Niche Location: Section _____ Niche # _____

INSCRIPTION to be located in the **MIDDLE** position on the Niche Door.
URN TOP: Same Inscription; **MIDDLE** position on the Urn TOP.

Person one:

Name: _____
 First Middle (Maiden) Last

Date of Birth: _____ Date of Death: _____
 (month-day-year) (month-day-year)

Person two:

Name: _____
 First Middle (Maiden) Last

Date of Birth: _____ Date of Death: _____
 (month-day-year) (month-day-year)

I certify that the above inscription text is correct and any changes shall be made at my expense.

Signed: _____ Date: _____

Authority for request (check one): Owner of Right; Owner's Survivor; Executor; Admin.

COMPLETE ALL INFORMATION REQUESTED ABOVE - DO NOT WRITE IN THIS BOX

Inscription Order Form Received by: _____ for Austin College

Date _____ Time _____ Application No. N- _____