



**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 SINGLE 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 Person to be Interred in this Single Niche:**

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

