

## **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 <u>Print Clearly</u> - Separate Application Required for Each Niche)

| Full Name of Applicant:   | Application No.: N - |
|---|----------------------|
| Street Address:   |                      |
| Telephone: ()   | Email:               |
| Niche Location (Subject to Approval): SECTION                   | NICHE#               |
| Eligibility for Purchase: ALUMNI (class year)                   |                      |
| FACULTY in years  | <u>-</u>             |
| STAFF in years  |                      |
| PC (USA) ORDAINED CLERGY  |                      |
| OR Relative of above (name)                                     | Relationship         |
| Full Name of Eligible Person to be Interred in this Single Nich | <u>e:</u>            |
| Name  |                      |
| Address City, S   | 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. |  |         |      |  |
|-----|---|--|---------|------|--|
| App | olicant's Signature:  |  | _ Date: |      |  |
|     | COMPLETE ALL INFORMATION REQUESTED ABOVE - DO NOT WRITE IN THIS BOX  Application Received by: Date Time   |  |         |      |  |
|     |   | ·                                      |         |      |  |
|     |   | Chaplain of the College                |         | Date |  |
|     |   | Austin College Estate Planning Officer |         |      |  |



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#### COLUMBARIUM NICHE INSCRIPTION ORDER FORM – SINGLE 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 # \_\_\_\_\_ Section \_\_\_\_ **Niche Location: INSCRIPTION** to be located in the **MIDDLE** position on the Niche Door. URN TOP: Same Inscription; MIDDLE position on the Urn TOP. Name: \_\_\_\_\_ Middle (Maiden) Last Date of Birth: \_\_\_\_\_\_ Date of Death: \_\_\_\_\_ (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 -