

FORM #2000-3
SEPTEMBER 6, 2000

APPLICATION FOR RESERVATION OF INTERMENT
FIRST PRESBYTERIAN CHURCH COLUMBARIUM AND MEMORIAL GARDEN
WILMINGTON, NORTH CAROLINA

Full Name of Applicant

Telephone Number

Mailing Address

INTERMENT DESIRED (Select 1, 2, or 3)

INTERMENT RIGHTS RESERVED FOR:

1. Columbarium Niche _____
Full Name

2. Scattering in Memorial Garden _____
Full Name

3. Name on Memorial Plaque _____
Full Name

Full Name

I hereby agree, and commit my successors, to comply with the Columbarium and Memorial Garden Policy and Operating Rules of First Presbyterian Church, and I acknowledge receipt of said Policy.

Signature

Date

FORM #2000-2
SEPTEMBER 6, 2000

CERTIFICATE OF RESERVATION
FIRST PRESBYTERIAN CHURCH COLUMBARIUM AND MEMORIAL GARDEN

Name of Applicant Making Reservation _____

Address _____

Telephone Number _____

First Presbyterian Church has received payment for the reservation for the Columbarium or Memorial Garden by the above named for (check one):

- Columbarium Niche (Niche Number _____) \$ _____
- Right to Scatter in the Memorial Garden \$ _____
with name on Memorial Plaque
- Right to have name on Memorial Plaque \$ _____

This reservation and use of the Columbarium or Memorial Garden is subject to the Columbarium and Memorial Garden Policy and Operating Rules and any changes which are hereafter made to the Columbarium and Memorial Garden Policy and Operating Rules by the Session of the First Presbyterian Church, Wilmington, North Carolina.

Signature of Person Making Reservation

Date

Signature of Person Making Reservation

Date

Signature for the Columbarium and
Memorial Garden Board

Date

FORM #2000-1
SEPTEMBER 18, 2007/rev. 1-04-2010

FEE SCHEDULE*

Right to exclusive use of a Niche for the cremains of one or two persons.	\$2000.00
Scattering of Ashes in Columbarium Garden with Memorial Plaque	\$1000.00
Name on Memorial Plaque	\$1000.00

*The Columbarium and Memorial Garden Board estimates that one half of the fee is for the building cost and engraving of niche covers or memorial plaques and one half is for long-term maintenance of the Columbarium and Memorial Garden.

COLUMBARIUM AND MEMORIAL GARDEN INFORMATION

WHO IS ELIGIBLE?

Members of First Presbyterian Church, spouses of members, children or step-children of members, parents or step-parents of members, current or past ministers of this church, and other persons with strong ties to First Presbyterian Church, if approved by the Columbarium and Memorial Garden Board after a written request. Past members who reserved niches while members of First Presbyterian Church may maintain their eligibility.

HOW TO MAKE A RESERVATION?

Reservations may be made through the church office. Generally, this is done by the church's Facilities Manager who will provide information about available niches and secure needed information from those making the reservation.

WHAT ARE THE COSTS?

\$2,000	Right to exclusive use of a Niche for the cremains of one or two persons
\$1,000	Scattering or burial of ashes in Columbarium Garden with Memorial Plaque inscription for one person
\$1,000	Name on Memorial Plaque for one person

(These costs cover engraving and long-term maintenance, but not cremation or urn.)

DESCRIPTION OF NICHEs, NICHE COVERS AND MEMORIAL GARDEN

The Columbarium consists of niches, 10" wide by 10" high by 17" deep, of the capacity to hold the cremains of two people, for the interment of the ashes of cremated humans only. Each niche is covered with a granite plate, uniform in size, to be engraved with the names and dates of birth and death of the deceased.

There is a designated area within the Memorial Garden dedicated to the burial or scattering of ashes. A memorial plaque lists the names of those whose remains are buried or scattered in the Memorial Garden or elsewhere, provided there is no marking of the remains elsewhere.

INTERMENT

Funeral or Memorial services for the interment of cremated remains will be designed and conducted by one of the pastors of our church in consultation with the family of the deceased. At the request of the family, a guest pastor may participate subject to the approval of our pastor. The family may also elect not to have a service at the time of interment.

Columbarium Information

Niche No. _____

Full Name: _____

Date of Birth: _____

Place of Birth: _____

Date of Death _____

Place of Death _____

Date of interment: _____

Membership Number _____

Date joined the church: _____

Immediate family _____

Full Name of Applicant _____

LIVING FAMILY

Please list several people who are living relatives of the one(s) who are the holders of the reservations for the Columbarium or Memorial Garden.

_____ Name	_____ Name
_____ Relationship*	_____ Relationship*
_____ Address	_____ Address
_____ Phone Number	_____ Phone Number
_____ Name	_____ Name
_____ Relationship*	_____ Relationship*
_____ Address	_____ Address
_____ Phone Number	_____ Phone Number
_____ Name	_____ Name
_____ Relationship*	_____ Relationship*
_____ Address	_____ Address
_____ Phone Number	_____ Phone Number
_____ Signature of Applicant	_____ Date

*Father, Mother, Husband, Wife, Children, Legal Representative