

PRINCE OF PEACE LUTHERAN CHURCH

2561 Victoria Street North , Roseville, MN 55113-3410

651-484-4144 office@poproseville.org



Columbarium Purchase Agreement

Purchaser(s): _____

Address _____ State _____ Zip _____

Phone: _____ E-Mail _____ @ _____

Niche space

Member:

- Standard size niche (1-2 urns) \$1,650
- Double size niche (1-4 urns) \$2,150
(inurnment fee \$25)

Non-Member:

- Standard size niche (1-2 urns) \$1,850
- Double size niche (1-4 urns) \$2,350
(inurnment fee \$150)

Person to be inurned

Date of Birth: ____/____/____

If already deceased, date of death: ____/____/____

Person to be inurned

Date of Birth: ____/____/____

If already deceased, date of death: ____/____/____

Person to be inurned

Date of Birth: ____/____/____

If already deceased, date of death: ____/____/____

Person to be inurned

Date of Birth: ____/____/____

If already deceased, date of death: ____/____/____

Legal representative(s) of the deceased (documentation required 5 days prior to inurnment)

Name: _____ Relation to the deceased _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ E-Mail _____ @ _____

Name: _____ Relation to the deceased _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ E-Mail _____ @ _____

Name: _____ Relation to the deceased _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ E-Mail _____ @ _____

Purchaser(s) _____ (print name)

_____ (Signature) Date ____/____/____

Purchaser(s) _____ (print name)

_____ (Signature) Date ____/____/____

Office space only

Date received ____/____/____ # _____ Init _____

Payment in full \$ _____

Installment payments \$ _____ date _____ \$ _____ date _____ \$ _____ date _____ \$ _____ date _____

\$ _____ date _____ \$ _____ date _____ \$ _____ date _____ \$ _____ date _____ \$ _____ date _____