

**Benson Memorial United Methodist Church**  
**4706 Creedmoor Road**  
**Raleigh, NC 27612**  
**Telephone: 919-787-0789**

**APPLICATION FOR COLUMBARIUM NICHE**

The undersigned (Item 7) hereby agrees to reserve one niche in the Benson Memorial United Methodist Church Columbarium to be used for the interment of the ashes of the person listed below.

**Name** \_\_\_\_\_ **Relationship to Purchaser** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Date of Death** \_\_\_\_\_

1. I understand that the use of the niche shall be subject to the Columbarium Policy and Rules as duly adopted by the Board of Trustees of Benson Memorial United Methodist Church and as amended from time to time, and I agree to be bound by such rules.
2. I understand that in order to change the person named above to be interred to any other qualified person, I must submit a written request to the Business Manager and receive approval by the Board of Trustees.
3. I understand that payment in full is due prior to the date of interment.
4. I understand that if the niche is not used within twenty-four (24) months of the death of the person for whom it is reserved, this reservation will be canceled and all money paid, less a \$75 administrative fee, will be refunded to the purchaser. When two niches are reserved, both niches must be filled within 24 months of the death of the second individual.
5. I will inform the Business Manager with written notice of any change to my address or the name and address of the person for whom this niche is reserved.

6. I understand that, after written notice to the purchaser at the last known address, if payment is more than one year in arrears, this reservation will be cancelled, and all money paid, less \$75 for an administrative fee, will be refunded.
7. I understand that acceptance of this application is at the ultimate discretion of the Board of Trustees of Benson Memorial United Methodist Church.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

***PAYMENT ARRANGEMENTS:***

- \_\_\_ 1. I elect to make payment in full of \$1200 with this reservation.
- \_\_\_ 2. I elect to enter a payment plan with a deposit of \$400 due with this reservation and \$400 due on the anniversary date of each of the next two years or at the time of death If a remaining balance is owed at that time.

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***For church use:***

Amount received \_\_\_\_\_ Balance Due \_\_\_\_\_

Accepted by Business Manager \_\_\_\_\_ Date \_\_\_\_\_

(Purchaser should initial when complete) \_\_\_\_\_

***Revised Date: August, 2022***