

# Memorial Garden at University Park United Methodist Church

4024 Caruth Boulevard, Dallas, Texas 75225

## Application to Purchase a Right of Inurnment

*(Please Print Clearly - Separate Application Required for Each Niche)*

Full Name of Applicant: \_\_\_\_\_ Application No.: \_\_\_\_\_  
*(Leave Blank)*

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone:(\_\_\_\_) \_\_\_\_\_ Fax. No. :(\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Niche Requested (Subject to Approval): Row No. (A-F) \_\_\_\_\_ Column No. \_\_\_\_\_

Eligibility for Purchase Due To: UPUMC Member \_\_\_\_; OR Former UPUMC Member \_\_\_\_ in years \_\_\_\_--\_\_\_\_;

OR, Relative of UPUMC Member (name) \_\_\_\_\_ Relationship \_\_\_\_\_

OR, Current UPUMC Clergy/ Employee/WDS Staff \_\_\_\_; OR, Former UPUMC Clergy/ Employee/WDS Staff \_\_\_\_\_

### Full Name(s) of Eligible Person(s) Who Will be Inurned:

*Person 1:* Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

*Person 2:* Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

### Terms of Purchase:

1. Full Payment of \$3,750 Submitted with Application by: Check payable to UPUMC (# \_\_\_\_\_)

OR Credit Card: **Only** Visa \_\_\_\_ or MasterCard \_\_\_\_, # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Name *exactly as it appears on credit card:* \_\_\_\_\_

2. The Applicant agrees that the Columbarium Rules, Policies and Regulations governing operation of the Columbarium 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 Rules, Policies and Regulations.

3. The Applicant understands and acknowledges that University Park United Methodist Church and its authorized agents and representatives shall be liable only for 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Complete all information requested above. (Do not write in this box)

Application Received by: \_\_\_\_\_ Date \_\_\_\_\_

Application Approved by Memorial Garden Committee: Date \_\_\_\_\_ Certificate No. \_\_\_\_\_