

Application for Privilege of Inurnment in

The Brick Church Columbarium



The undersigned (“applicant”) hereby applies for the privilege of inurnment in the columbarium of The Brick Presbyterian Church in the City of New York (“church”) in a niche location as specified below on behalf of the following individual(s) Occupant(s). The applicant may be the intended future Occupant. This application ____ is ____ is not being made simultaneously with applications for other relatives. This application and the allocation of space in the columbarium are subject to the Terms and Conditions of Inurnment of the church which have been furnished to the applicant together with an elevation showing the location of all niches in the columbarium.

Name of Applicant: _____

Address: _____

Contact Information:

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Applicant’s relationship to the church: _____



Current Full Legal Name of Occupant No. 1 (no initials, abbreviations or nicknames):

This is what will appear on the niche cover. See template for format.

Please provide the following information for the parish records:

Occupant name as it appears on birth certificate: _____

Date of Birth: _____ Place of Birth: _____

Church Affiliation/Date: _____

Relationship to the applicant: _____

Mother’s Maiden Name: _____ Date/Place of Birth: _____

Father’s Name: _____ Date/Place of Birth: _____

Spouse/Partner’s Name: _____ Date/Place of Birth: _____

Children (list names and dates of birth): _____

Additional family information: _____

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Applicant 1, cont.

Executor or next of kin:

Name: _____

Address: _____

Phone: _____ Email: _____

Person responsible for final arrangements:

Name: _____

Address: _____

Phone: _____ Email: _____

Are arrangements for funeral memorial service on file with the church? _____ Yes _____ No

Signature _____

Printed Name _____



Current Full Legal Name of Occupant No. 2 (no initials, abbreviations or nicknames):

This is what will appear on the niche cover. See template for format.

Please provide the following information for the parish records:

Occupant name as it appears on birth certificate: _____

Date of Birth: _____ Place of Birth: _____

Church Affiliation/Date: _____

Relationship to the applicant: _____

Mother's Maiden Name: _____ Date/Place of Birth: _____

Father's Name: _____ Date/Place of Birth: _____

Spouse/Partner's Name: _____ Date/Place of Birth: _____

Children (list names and dates of birth): _____

Additional family information: _____

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Applicant 2, cont.

Executor or next of kin:

Name: _____

Address: _____

Phone: _____ Email: _____

Person responsible for final arrangements:

Name: _____

Address: _____

Phone: _____ Email: _____

Are arrangements for funeral memorial service on file with the church? Yes No

Signature _____

Printed Name _____

For office use only:

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						A1	A2	A3	A4	A5	A6	A7												
B1	B2	B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13	B14	B15	B16	B17	B18	B19						
C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	C15	C16	C17	C18	C19						
D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14	D15	D16	D17	D18	D19						
E1	E2	E3	E4	E5	E6	E7	E8	E9	E10	E11	E12	E13	E14	E15	E16	E17	E18	E19						
F1	F2	F3	F4	F5	F6	F7	F8	F9	F10	F11	F12	F13	F14	F15	F16	F17	F18	F19						
G1	G2	G3	G4	G5	G6	G7	G8	G9	G10	G11	G12	G13	G14	G15	G16	G17	G18	G19						
H1	H2	H3	H4	H5	H6	H7	H8	H9	H10	H11	H12	H13	H14	H15	H16	H17	H18	H19						
						I1	I2	I3	I4	I5	I6	I7	I8	I9	I10	I11	I12	I13	I14	I15	I16	I17	I18	I19
						J1	J2	J3	J4	J5	J6	J7	J8	J9	J10	J11	J12	J13	J14	J15	J16	J17	J18	J19
						K1	K2	K3	K4	K5	K6	K7	K8	K9	K10	K11	K12	K13	K14	K15	K16	K17	K18	K19

I understand that grant of privilege of inurnment requires a contribution to the Columbarium Fund of the church as set forth in the schedule below either in full on acceptance of this application or in installments and agree to make such contributions as specified below with the initial payment being made on the date hereof and followed by subsequent installments on or before the second and third anniversaries of that date.

First choice of niche location _____

Second choice of niche location *(if first choice is not available)* _____

Third choice of niche location *(if second choice is not available)* _____

Note: The Church will make every effort to honor an Applicant's Niche choice or to allocate a Niche close by the desired Niche if it is already taken. The Church will also make every effort to place family members in Niches contiguous to one another if more than one Niche is reserved. The 3 Shaded Niches are not available for allocation at this time as they may be partially obscured by the Cross which is to be placed in the Columbarium fixture.

Payment Method:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Double Niche | <input type="checkbox"/> Full Lump Sum | <input type="checkbox"/> Installment Payments | |
| | \$5,000 | \$2000 initial payment, \$2000 year 2, \$1000 year 3 | |
| <input type="checkbox"/> Single Niche | \$3,000 | \$1,000 Initial payment, \$1,000 year 2, \$1000 year 3 | |

Total Contribution: _____ **Initial Payment:** _____

I have read and consent to Terms and Conditions of Inurnment referred to above.

Signature _____ Date: _____

The Corporation of the Brick Presbyterian Church in the City of New York

Accepted By: _____ Date: _____