

**APPLICATION FOR
A NICHE FOR ASHES
IN THE
COLUMBARIUM OF
BLACKSBURG PRESBYTERIAN CHURCH
BLACKSBURG, VIRGINIA**

NAME AND ADDRESS OF SUBSCRIBER:

**IDENTIFICATION NUMBER OF THE SPECIFIC NICHE
PREFERRED, IN PRIORITY ORDER (CONSULT DIAGRAM):**

1. _____
2. _____
3. _____
4. _____

**NAME AND ADDRESS OF PERSON WHOSE ASHES
WILL BE INTERRED IN THE NICHE:**

**NAME AND ADDRESS OF PERSON WHO SHALL
HAVE THE RIGHT AND AUTHORITY TO CHANGE THE
DISIGNATION UPON THE DEATH OR DISABILITY OF
THE SUBSCRIBER:**

**THE UNDERSIGNED AGREES THAT THE RULES AND REGULATIONS FOR THE COLUMBARIUM,
BLACKSBURG PRESBYTERIAN CHURCH, BLACKSBURG, VIRGINIA, AS THEY MAY BE AMENDED FROM
TIME TO TIME, SHALL GOVERN THE USE OF THE NICHE AND THE OPERATION OF THE COLUMBARIUM.
ON BEHALF OF MYSELF, MY HEIRS, SUCCESSORS, ASSIGNS, AND PERSONAL REPRESENTATIVES, I
RELEASE BLACKSBURG PRESBYTERIAN CHURCH, ITS EMPLOYEES, AGENTS, AND MEMBERS FROM ANY
AND ALL LIABILITY RELATING TO THE CARE AND STORAGE OF ASHES; I ACCEPT THE RISK THAT THE
ASHES MAY BE DAMAGED, DESTROYED, LOST, STOLEN, OR OTHERWISE ABUSED.**

DATE: _____

Subscriber

DATE APPLICATION AND RESERVATION FEE RECEIVED BY BLACKSBURG PRESBYTERIAN CHURCH:

NUMBER OF THE NICHE ASSIGNED: _____

Date

Signature for the Columbarium Committee