

Monte Sano United Methodist Church
601 Monte Sano Boulevard, Huntsville, Alabama 35801
Telephone: 256-533-6083 Email: msumc@knology.net

APPLICATION FOR COLUMBARIUM/MEMORIAL GARDEN

Name of Applicant: _____ Telephone _____

Email: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

I am applying for the following:

- Purchase a Right of Inurnment, Single Inurnment _____
- Purchase a Right of Inurnment, Double Inurnment _____
- Memorial Plaque, One Name, Single Plaque, with Scattering of Cremains in Memorial Garden _____
- Memorial Plaque, Two Names, Single Plaque, with Scattering of Cremains in Memorial Garden _____
- Memorial Plaque, One Name, Single Plaque, without Scattering of Cremains in Memorial Garden _____
- Memorial Plaque, Two Names, Single Plaque, without Scattering of Cremains in Memorial Garden _____
- Right to Scatter Cremains in Memorial Garden without Plaque _____

Complete ONE of the following sections. Each application form limited to ONE request.

1. PURCHASE A RIGHT OF INURNMENT, SINGLE INURNMENT:

Full name of eligible person who will be inurned: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

- Eligibility:
- Current Monte Sano United Methodist Church (MSUMC) member _____
 - Immediate family (spouse, partner, child, step-child) of MSUMC member, regardless of religious affiliation _____
 - Prior member of MSUMC or his/her immediate family member as defined above _____
 - Former minister of the Church or his/her immediate family member as defined above _____
 - Resident of the Monte Sano community _____
 - Other person (upon written request, approved by the Trustees Committee) _____

Exact wording for Niche Facing Plaque:

Name: _____

Birth Date: _____ Death Date: _____

Third Line (optional; subject to approval of Trustees Committee and limitations of engraver):

2. PURCHASE A RIGHT OF INURNMENT, DOUBLE INURNMENT, ONE NICHE:

Person 1:

Full name of eligible person who will be inurned: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Eligibility: Current MSUMC member _____
Immediate family (spouse, partner, child, step-child) of MSUMC member, regardless
of religious affiliation _____
Prior member of MSUMC or his/her immediate family member as defined above _____
Former minister of the Church or his/her immediate family member as defined above _____
Resident of the Monte Sano community _____
Other person (upon written request, approved by the Trustees Committee) _____

Exact wording for Niche Facing Plaque:

Name: _____

Birth Date: _____ Death Date: _____

Third Line (optional; subject to approval of Trustees Committee and limitations of engraver):

Person 2:

Full name of eligible person who will be inurned: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Eligibility: Current MSUMC member _____
Immediate family (spouse, partner, child, step-child) of MSUMC member, regardless
of religious affiliation _____
Prior member of MSUMC or his/her immediate family member as defined above _____
Former minister of the Church or his/her immediate family member as defined above _____
Resident of the Monte Sano community _____
Other person (upon written request, approved by the Trustees Committee) _____

Exact wording for Niche Facing Plaque:

Name: _____

Birth Date: _____ Death Date: _____

Third Line (optional; subject to approval of Trustees Committee and limitations of engraver):

3. PURCHASE OF MEMORIAL PLAQUE, ONE NAME, WITH CREMAINS SCATTERING:

Full name of eligible person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Eligibility: Current Monte Sano United Methodist Church (MSUMC) member _____
Immediate family (spouse, partner, child, step-child) of MSUMC member, regardless
of religious affiliation _____

Prior member of MSUMC or his/her immediate family member as defined above _____
Former minister of the Church or his/her immediate family member as defined above _____
Resident of the Monte Sano community _____
Other person (upon written request, approved by the Trustees Committee) _____

Exact wording for Memorial Plaque:

Name: _____

Birth Date: _____ Death Date: _____

Third Line (optional; subject to approval of Trustees Committee and limitations of engraver):

Date of Scattering: _____

4. PURCHASE OF MEMORIAL PLAQUE, TWO NAMES, SINGLE PLAQUE, WITH CREMAINS SCATTERING:

Person 1

Full name of eligible person:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Eligibility: Current Monte Sano United Methodist Church (MSUMC) member _____
Immediate family (spouse, partner, child, step-child) of MSUMC member, regardless
of religious affiliation _____
Prior member of MSUMC or his/her immediate family member as defined above _____
Former minister of the Church or his/her immediate family member as defined above _____
Resident of the Monte Sano community _____
Other person (upon written request, approved by the Trustees Committee) _____

Exact wording for Memorial Plaque:

Name: _____

Birth Date: _____ Death Date: _____

Third Line (optional; subject to approval of Trustees Committee and limitations of engraver):

Date of Scattering: _____

Person 2:

Full name of eligible person:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Eligibility: Current Monte Sano United Methodist Church (MSUMC) member _____
Immediate family (spouse, partner, child, step-child) of MSUMC member, regardless
of religious affiliation _____
Prior member of MSUMC or his/her immediate family member as defined above _____
Former minister of the Church or his/her immediate family member as defined above _____
Resident of the Monte Sano community _____
Other person (upon written request, approved by the Trustees Committee) _____

Exact wording for Memorial Plaque:

Name: _____

Birth Date: _____ Death Date: _____

Third Line (optional; subject to approval of Trustees Committee and limitations of engraver):

Date of Scattering: _____

5. PURCHASE OF MEMORIAL PLAQUE, ONE NAME, WITHOUT CREMAINS SCATTERING:

Full name of eligible person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Eligibility: Current Monte Sano United Methodist Church (MSUMC) member _____
Immediate family (spouse, partner, child, step-child) of MSUMC member, regardless
of religious affiliation _____
Prior member of MSUMC or his/her immediate family member as defined above _____
Former minister of the Church or his/her immediate family member as defined above _____
Resident of the Monte Sano community _____
Other person (upon written request, approved by the Trustees Committee) _____

Exact wording for Memorial Plaque:

Name: _____

Birth Date: _____ Death Date: _____

Third Line (optional; subject to approval of Trustees Committee and limitations of engraver):

6. PURCHASE OF MEMORIAL PLAQUE, TWO NAMES, SINGLE PLAQUE, WITHOUT CREMAINS SCATTERING:

Person 1:

Full name of eligible person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Eligibility: Current Monte Sano United Methodist Church (MSUMC) member _____
Immediate family (spouse, partner, child, step-child) of MSUMC member, regardless
of religious affiliation _____
Prior member of MSUMC or his/her immediate family member as defined above _____
Former minister of the Church or his/her immediate family member as defined above _____
Resident of the Monte Sano community _____
Other person (upon written request, approved by the Trustees Committee) _____

Exact wording for Memorial Plaque:

Name: _____

Birth Date: _____ Death Date: _____

Third Line (optional; subject to approval of Trustees Committee and limitations of engraver):

Person 2:

Full name of eligible person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Eligibility: Current Monte Sano United Methodist Church (MSUMC) member _____
Immediate family (spouse, partner, child, step-child) of MSUMC member, regardless
of religious affiliation _____
Prior member of MSUMC or his/her immediate family member as defined above _____
Former minister of the Church or his/her immediate family member as defined above _____
Resident of the Monte Sano community _____
Other person (upon written request, approved by the Trustees Committee) _____

Exact wording for Memorial Plaque:

Name: _____

Birth Date: _____ Death Date: _____

Third Line (optional; subject to approval of Trustees Committee and limitations of engraver):

7. CREMAINS SCATTERING ONLY (WITHOUT PLAQUE):

Full name of eligible person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Eligibility: Current Monte Sano United Methodist Church (MSUMC) member _____
 Immediate family (spouse, partner, child, step-child) of MSUMC member, regardless
 of religious affiliation _____
 Prior member of MSUMC or his/her immediate family member as defined above _____
 Former minister of the Church or his/her immediate family member as defined above _____
 Resident of the Monte Sano community _____
 Other person (upon written request, approved by the Trustees Committee) _____

Birth Date: _____ Death Date: _____

Date of Scattering: _____

TERMS OF PURCHASE:

Total cost of above request as per Columbarium/Memorial Garden Rules and Regulations: \$ _____

Initial: _____ I have received, read, and understand the Monte Sano United Methodist Church Columbarium/Memorial Garden Rules and Regulations as existing now and/or which may exist in the future as a part of this Application and I agree to abide by them.

Initial: _____ I hereby release Monte Sano United Methodist Church and its employees, directors, officers, agents, committees, volunteers, and representatives from all claims, liability, and causes of action, relating to or pertaining to this Application, inurnment, and the past, present, and future operation of Monte Sano United Methodist Church Columbarium/Memorial Garden, including all negligence, loss, destruction, vandalism, and desecration of cremains, save and except for acts of gross negligence or intentional wrong doing and in no event shall they corporately or individually be liable for any damages to me or my relatives or heirs beyond the purchase price of this contract.

Applicant's Signature: _____ Date: _____

Office Use Only:

Application Received By:		Date:
Approved _____	Denied _____	Approved/Denied By:
Payment Received Date:	Reason for Denial:	
Payment Amount: \$		
Check Number:		

Exhibit A

Columbarium Niche and Memorial Plaque Pricing					
Columbarium Niche	Member	Non-Member	Memorial Plaque	Member	Non-Member
Single	\$1750	\$2250	Single	\$400	\$500
Double	\$2000	\$2500	Double	\$525	\$625