

# Application for Inurnment Niche (Niche)

**Salem Lutheran Church**  
**1340 County Road 5, Longville, Minnesota 55665**  
**218-363-2011**

Applicant \_\_\_\_\_  
Please Print \_\_\_\_\_ Year of Birth \_\_\_\_\_ Year of Death \_\_\_\_\_

Applicant \_\_\_\_\_  
Please Print \_\_\_\_\_ Year of Birth \_\_\_\_\_ Year of Death \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

## Type of Niche Applied for:

### Church Members & Immediate Family

\_\_\_\_\_ Single (one occupant) @ \$1200  
\_\_\_\_\_ Double (two occupants) @ \$1400

### Non-church Members

\_\_\_\_\_ Single (one occupant) @ \$1800  
\_\_\_\_\_ Double (two occupants) @ \$2000

### Former Members

\_\_\_\_\_ Single (one occupant) @ \$1400  
\_\_\_\_\_ Double (two occupants) @ \$1600

Applicant, or his/her designee, will provide the necessary inscription information for the niche faceplate on a separate form to be provided by Salem Lutheran Church. Applicant(s) agree to the Rules and Regulations regarding the Memorial Garden and Columbarium use and operation attached hereto.

Payment is enclosed to Salem Lutheran Church Columbarium for the amount indicated above.

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

Application accepted as of (date below) by Salem Lutheran Church

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

## *For Church Use Only*

Niche # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Received by: \_\_\_\_\_