

**APPLICATION TO RESERVE SPACE IN THE COLUMBARIUM  
OF DAVIDSON COLLEGE PRESBYTERIAN CURCH**

Date of application \_\_\_\_\_

Name of person making this application: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

(  ) I wish to reserve niche space within the Columbarium. Niche #: \_\_\_\_\_

(  ) I wish to reserve the right to scatter ashes in set-apart areas of the Columbarium.

Full name of the person for whom space is desired: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Requested space use: Each niche can accommodate up to two containers of ashes.

(  ) Single niche; (  ) Niche shared with \_\_\_\_\_; (  ) Scattering  
[Cost: \$1000] [Cost: \$1500] ; Birthdate: \_\_\_\_\_

[Cost \$300]

Make checks payable to Davidson College Presbyterian Church

The undersigned applicant, and/or acting on behalf of another named above, acknowledges having received and read the *Details of Operation* established by the Session of the Davidson College Presbyterian Church for its Columbarium, and agrees that acceptance of this application and issuance of a *Certificate of Reservation* shall be subject to those *Details of Operation* and any subsequent amendments thereto.

Signature of Applicant/Representative \_\_\_\_\_

For office use only

***Certification of Eligibility by Columbarium Committee:***

[  ] Permanent – DCPC member, pastor/former pastor, clergy participant in DCPC, or non-member spouse of one of the above.

[  ] As long as a dependent child of one of the above. (To be reviewed at age 21.)

by \_\_\_\_\_, on \_\_\_\_\_  
(Signing for Columbarium Committee after membership review)

**Received by DCPC on \_\_\_\_\_ (date) at \_\_\_\_\_ (time), by \_\_\_\_\_**

**Payment received: \$ \_\_\_\_\_, on \_\_\_\_\_ (date), by \_\_\_\_\_**

May 2004  
Amended June 2014  
Amended April 2019