

**Pre-planning Application for a Certificate of Niche License  
in St. Joseph Catholic Church Columbarium**

*NOTE: One application is required for each niche whether it is for one or two urns.*

LEGAL NAME OF PRIMARY		
First Name:	Middle:	Last Name:
PREFERRED NAME OF PRIMARY		
First Name:	Middle:	Last Name:
Date of birth:	Birth Place:	
Address:		
City:	State:	ZIP Code:
Do you have a preference for cremation services?		
If yes, please indicate: <i>(A certificate of cremation is required with the cremains)</i>		
ELIGIBILITY		
Are you an active member of St. Joseph?		
Are you a Catholic?		
Do you attend Mass on a regular basis?		
If not at St. Joseph, where?		
Is this application for a niche for one or two urns? <i>If two, complete applicable questions.</i>		
LEGAL NAME OF OTHER PARTY		
First Name:	Middle:	Last Name:
PREFERRED NAME		
First Name:	Middle:	Last Name:
Date of birth:	Birth Place:	
Relationship Primary:		
Phone:	Email:	
ELIGIBILITY		
Is this person an active member of St. Joseph?		
Is this person a Catholic?		
Does this person attend Mass on a regular basis?		
If not at St. Joseph, where?		
PERSON OR PERSONS OR REPRESENTATIVE SUBMITTING THIS APPLICATION		
Name(s):		
Phone(s):		
Email(s):		
Primary Address:		
City:	State:	ZIP Code:

*Continued on next page.*

APPLICATION CONTINUED		
I (we) have read and understood the policies and procedures.	<i>initial</i>	
I (we) understand that this application is for a certificate of niche license only. Any funeral home service fees, cremation fees or other fees pertaining to a funeral are not included in the price of obtaining a license for the right to inurn cremains in the St. Joseph Columbarium.	<i>initial</i>	
I (we) understand that a niche license does not include any property rights to St. Joseph Catholic Church or the St. Joseph Columbarium.	<i>initial</i>	
I (we) understand that a certificate of niche license cannot be resold or transferred.	<i>initial</i>	
I (we) understand that a certificate of niche license for an unused niche may be returned to St. Joseph for a refund less 25%.	<i>initial</i>	
I (we) understand that there is no refund for a certificate of niche license for a niche that has been occupied.	<i>initial</i>	
I (we) understand that the fee for a certificate of niche license has to be paid in full before cremains are inurned in St. Joseph Columbarium.	<i>initial</i>	
I (we) understand that this application will be reviewed for eligibility.	<i>initial</i>	
Comments <i>(please attach a separate sheet if needed)</i> :		
SIGNATURES		
Signature of applicant:	Date:	
Signature of second applicant: <i>(if applicable)</i>	Date:	
FOR OFFICE USE <i>(INITIAL AND DATE)</i>		
Reviewed:	Reviewed:	Approved:
Date:	Date:	Date: