

Covenant Presbyterian Church
326 South Segoe Road
Madison, Wisconsin 53705

APPLICATION FOR RESERVATION OF NICHE(S) IN THE
COVENANT COLUMBARIUM CHAPEL

Name _____ Date _____
Last First M.I.

Street Address _____

City _____ State _____ Zip _____

Telephone: Home (____) _____ Business (____) _____

Requested Number of Niches to be Reserved for Individual _____ Family _____

Preference of Location _____ (by pre-numbered location)

Note: Columbarium Committee will assign spaces close to preferred location on availability and priority

Full Payment of \$ _____ is enclosed, or Enclosed is my deposit of \$ _____
As set by Covenant Presbyterian Church with attached arrangements for balance.

I will pay the balance of \$ _____ within six months.
