

## Columbarium and Memorial Garden Advanced Commitment Form

Please return this form to the church office.

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

The Church Council of the Avon United Methodist Church has granted the land for the Columbarium and Memorial Garden. We are blessed. Our Garden is a self-perpetuating garden paid for and maintained by participating families. The business office of the church will handle the financial aspects of the Garden.

The cost of the Columbarium is \$47,900; \$25,070 of which is due to Eickhof Columbarium, Inc., out of Minnesota, when we sign the contract with them. They require 18 weeks to build, deliver, and install the finished product.

We have an ambitious goal of signing the contract by mid-July of 2015, and then they will deliver in October of 2015. We will need an additional amount of approximately \$5,000 for footers to be put in place and \$5000 for the initial landscaping to begin. The cost of installing the walkways is still being researched.

There is much to be done, and it is exciting to know that we will be providing a final resting place for church members and their families, and a beautiful addition to the church grounds. We are grateful to those of you who wish to be the first patrons of the Columbarium and Memorial Garden.

**Exhibit A**  
**Avon United Methodist Church Columbarium and Memorial Garden**  
**Certificate of Right to Inurnment**

The Board of Trustees of Avon United Methodist Church, Avon, Indiana, (AUMC), an unincorporated association existing under the laws of the State of Indiana and having a religious columbarium and memorial garden (AUMC's) on a portion of its property at 6850 E US Highway 36, Avon, IN, in consideration of the payment to AUMC of the Certificate fee, the receipt of which is acknowledged, hereby grants to \_\_\_\_\_ (Grantee(s)) a burial right to use Niche No. \_\_\_\_\_ or in-ground Placement No. \_\_\_\_\_ in the AUMC Columbarium or Memorial Garden for the inurnment of the cremated remains of the Grantee's and/or other persons (Eligible Persons) subject to the provisions, conditions, and limitations of the Rules for the use of the Columbarium and Memorial Garden at AUMC (Columbarium and Memorial Garden Rules) which are attached hereto and as the same may from time to time be amended or revised by the Columbarium Committee of AUMC.

The Grantee(s), by accepting this Certificate, acknowledge(s) that he/she/they has/have read the Columbarium and Memorial Garden Rules, agree(s) to be bound thereby, and agree(s) that the granted burial right to use the niche or in-ground space shall be subject to the Columbarium and Memorial Garden Rules, as now in effect or as from time to time amended or revised. The Grantee(s) has/have prepared the attached Registry Information Sheet on the form which is attached and represents and agree(s) that it identifies the Eligible Person whose remains are to be inurned in the niche and that AUMC may conclusively rely on the information set forth herein or as the same may be revised by written notice from the Grantee(s) to Avon United Methodist Church.

Avon United Methodist Church

By \_\_\_\_\_  
Representative of the AUMC Memorial Garden Committee

**Form C**  
**Avon United Methodist Church**  
**Memorial Garden Application**

Name: \_\_\_\_\_

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

Having received and read the Rules of the Columbarium and Memorial Garden of Avon United Methodist Church, recognized that he/she is eligible to receive a Certificate of Right to Inurnment under Rule A of the Columbarium Rules, hereby applies to purchase a burial right for placement in the AUMC Memorial Garden and submits this application form with:

1. Payment of the Certificate Fee of \$ \_\_\_\_\_; and
2. A completed Registry Information Sheet in the form attached.

The designee whose remains are to be interred in the Memorial Garden is:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

Dated the \_\_\_\_\_ day of \_\_\_\_\_

Bottom portion to be completed by Avon United Methodist Church

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This application and a check in the amount of \$ \_\_\_\_\_ were received on

\_\_\_\_\_ at \_\_\_\_\_

Date

Time

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

**Form D**  
**Avon United Methodist Church**  
**Memorial Garden Registry Information Sheet**

**In-ground Placement No.** \_\_\_\_\_

Applicant(s), Grantee(s) and/or Eligible Person(s) are responsible for  
keeping the information on this registration sheet current.

**Grantee 1**

**Grantee 2**

\_\_\_\_\_  
(Name as Inscribed on Niche)

\_\_\_\_\_  
(Name as Inscribed on Niche)

Name and Address of Grantee:

Name and Address of Grantee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Complete the following information if applicable.

Name and Address of Spouse:

Name and Address of Spouse:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of person designated  
In Grantee's will or Power of Attorney as  
legal representative, if known:

Name and Address of person designated  
in Grantee's will or Power of Attorney as  
legal representative, if known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Form D (Cont.)**  
**Avon United Methodist Church**  
**Memorial Garden Registry Information Sheet**

Name and Address of Eligible Person:

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Relationship of Eligible Person to Grantee

Check one:

- Spouse
- Child/Step-Child
- Parent/Step-parent
- Grandparent/Step-grandparent
- Grandchild/Step-grandchild

Name and Address of Eligible Person:

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Relationship of Eligible Person to Grantee

Check one:

- Spouse
- Child/Step-Child
- Parent/Step-parent
- Grandparent/Step-grandparent
- Grandchild/Step-grandchild

Name and Address of Eligible Person:

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Relationship of Eligible Person to Grantee

Check one:

- Spouse
- Child/Step-Child
- Parent/Step-parent
- Grandparent/Step-grandparent
- Grandchild/Step-grandchild

Name and Address of Eligible Person:

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Relationship of Eligible Person to Grantee

Check one:

- Spouse
- Child/Step-Child
- Parent/Step-parent
- Grandparent/Step-grandparent
- Grandchild/Step-grandchild

Signed \_\_\_\_\_

Dated \_\_\_\_\_