

Niche # \_\_\_\_\_



*St. Michael* THE ARCHANGEL  
*Catholic Church*

**APPLICATION FOR USE OF NICHE(S) IN COLUMBARIUM**

Date \_\_\_\_\_

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

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Niche to be reserved \_\_\_\_\_ single

\_\_\_\_\_ double

Full Payment

Enclosed \$ \_\_\_\_\_

Down-payment (20% minimum)

Enclosed \$ \_\_\_\_\_

I hereby request to purchase the right to use niche(s) in the Columbarium. I understand this request and use is governed by the Policies and Procedures for the Columbarium of St. Michael the Archangel Catholic Church. If for any reason my request is not approved, my payment will be returned in full without interest. Checks made payable to: St. Michael - Columbarium.

Purchaser \_\_\_\_\_

Signature \_\_\_\_\_

Exhibit A (1 of 2)

12/11/2023



## COLUMBARIUM LICENSING AGREEMENT

The Pastor/Pastoral Coordinator/Administrator (hereafter known as Pastor) of St. Michael the Archangel Catholic Church (hereafter known as Parish) issues this License as of \_\_\_\_\_, 20\_\_\_\_ to

\_\_\_\_\_ (Licensee(s))

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

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

WHEREAS, the Church has installed a columbarium known as the Columbarium of St. Michael Catholic Church hereinafter referred to as "the Columbarium" for the inurnment of the cremains of those individuals outlined in the Columbarium Policies.

WHEREAS, the Columbarium will be constructed in phases as demand indicates; and

WHEREAS, the Church has established a set of policies governing the eligibility and use of the Columbarium, and the Purchaser has received a copy of said policies and is familiar with the content thereof. Purchaser agrees to abide by these policies which are attached hereto and hereinafter referred to as the "Policy", which is incorporated as if fully set out herein.

WHEREAS, the Licensee(s) has designated such persons and agrees to the terms and conditions of the following License which are binding upon and inure to the benefit of the Licensee and all Eligible Persons(s);

NOW THEREFORE, it is mutually agreed as follows:

1. The Pastor licenses \_\_\_ single \_\_\_double niche in the Columbarium to the Licensee subject to the following terms, limitations, and conditions:
2. No Property right of any kind in the Columbarium or any part accrues to the benefit of the Licensee of Eligible Person(s). This License extends solely to the privilege of inurnment of the cremated remains of Eligible Person(s) designated below, in the Columbarium, subject always to the attached Columbarium Rules and Regulations.
3. This License is subject to any applicable usage, rules and discipline of the Roman Catholic Church, now, or hereafter, in effect as well as requirements of the Pastor
4. The Licensee also understands that the plans for the Columbarium shown to the members of the Parish are conceptual only, and that the Columbarium will be constructed in phases over a period of years depending upon the funds that become available and extent of demand for niches. The Parish makes no representation as to the nature and extent of future construction.
5. The Pastor acknowledges the receipt of \$\_\_\_\_\_ as a \_\_\_ full or \_\_\_partial fee for the above License. This fee includes inurnment of cremated remains in the Niche and the cost of the memorial plaque.
6. This License is issued to the Licensee personally and is intended to extend only to the Eligible Person(s) designated below. Columbarium Policy limits the privilege of transferring this License.

7. This License may be terminated:

- a. By voluntary surrender by the Licensee prior to interment as provided in the Columbarium Rules and Regulations.
- b. By the non-use of a Niche for a period of fifty (50) years from the date of this Agreement unless the Eligible Person(s) listed below are still alive. In that case, the agreement will remain in effect until five years after their death.
- c. Under the Provisions of the Columbarium Rules and Regulations.

8. The Parish will exercise reasonable care in the routine maintenance of the Columbarium in perpetuity. In the event of injury, loss or damage to the Columbarium or its constituent parts, the liability of the Parish is limited to the cost of repair or replacement. The Parish is not responsible for the loss of cremated remains deposited in the Columbarium.

9. If, at the discretion of the Pastor, it becomes necessary or desirable to change the location of the Columbarium, or to discontinue the use of any part thereof, the Pastor, at the Parish's expense, may have the urns and cremated remains removed and preserved in another suitable place. A reasonable effort will be made to notify the next of kin before removal.

10. The following terms shall have the following meanings when used in this License:

- a) Eligible Person(s): Those persons eligible for the privilege of having their cremated remains interred in the Columbarium as defined by the Columbarium Policies.
- b) Niche: A recess in the unit for holding an urn.
- c) Urn: A receptacle for cremated remains to be placed in a niche.
- d) Inurnment: The placement of an urn containing cremated remains into a niche, or the placement of a memorial plaque over a niche without remains

11. The Licensee designates the following Eligible Person. Please note the nature of the Relationship between the Licensee and Eligible Person if they are not the same.

AGREED TO BY:

\_\_\_\_\_

Licensee(s)

\_\_\_\_\_

Pastor or Designee,

St. Michael the Archangel Catholic Church

Niche # \_\_\_\_\_

Next of Kin

Name	Address	Phone

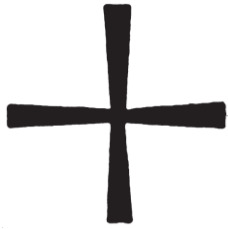
Record of Inurnment

Name	Birth Date	Death Date	Niche Number	Date of Inurnment



To be completed by Columbarium Staff Only

Niche # \_\_\_\_\_



*St. Michael* THE ARCHANGEL  
*Catholic Church*

## NAMEPLATE ENGRAVING FORM

Last Name

First Name

Initial/

Date of Birth

Date of Death

Middle Name

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AGREED TO BY:

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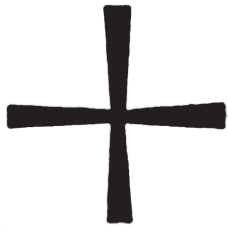
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Licensee(s)

Exhibit C

12/11/2023

Niche # \_\_\_\_\_



*St. Michael* THE ARCHANGEL  
*Catholic Church*

## AGREEMENT TO PURCHASE A COLUMBARIUM NICHE OVER TIME

Date \_\_\_\_\_

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

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

City, State, Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Niche to be reserved: \_\_\_\_\_ single \_\_\_\_\_ double

I hereby request to purchase \_\_\_\_\_ Columbarium niche at a total cost of \_\_\_\_\_. I agree to pay the total cost in full not later than \_\_\_\_\_ by making monthly payments. Payments will be made monthly by check payable to St. Michael – Columbarium.

This agreement is governed by the Policies and Procedures for the Columbarium of St. Michael the Archangel Catholic Church.

Signed \_\_\_\_\_

Record of payments

Date	Amount		
1 _____	_____	7 _____	_____
2 _____	_____	8 _____	_____
3 _____	_____	9 _____	_____
4 _____	_____	10 _____	_____
5 _____	_____	11 _____	_____
6 _____	_____	12 _____	_____

Exhibit D