

**Request for Purchase of Niche/Niches
The Columbarium at Massanetta Springs
Harrisonburg, VA**

Name/Names _____

Address _____

City _____ State _____ Zip _____

E-mail Address: _____ Telephone: _____

____ Yes ____ No I/we have read the "Rules and Regulations" for use of a niche in the Columbarium at Massanetta Springs and agree to abide by the same.

I/we request purchase of: (check one)

_____ Single niche for single use (Fee: \$1,000)

_____ Two niches for single use of each (Fee: \$2,000)

_____ Single niche to be used for two sets of cremains (Fee: \$1,500)

Request for name/names and dates to be inscribed on niche name plate:

_____ Name

_____ Name

_____ Full Date of Birth

_____ Full Date of Birth

_____ Full Date of Death
(To be entered before inurnment)

_____ Full Date of Death
(To be entered before inurnment)

On the back of this page, please share a brief description of your relationship with Massanetta Springs and your reason for choosing the use of the Columbarium at Massanetta Springs.

_____ Date

_____ Signature/Signatures

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FOR OFFICE USE ONLY

Approved: _____

_____ Columbarium Committee Chair

Payment received: _____

_____ Date Amount

_____ Columbarium Committee Treasurer

Certificate of Purchase Issued: _____

_____ Date

Niche/Niches Assigned: # _____
