
(Reserved Person)

DATE OF INTERMENT: _____

St Francis Xavier Parish Armadale

APPLICATION FORM

RESERVATION IN A COLUMBARIUM WALL NICHE



Phone (08) 93992143
Email: armadale@perthcatholic.org.au

Office use.

Application No. _____

Wall. _____

Niche No. _____

Paid Receipt Database

APPLICATION FOR INTERMENT IN COLUMBARIUM WALL NICHE

APPLICANT'S PERSONAL DETAILS

SURNAME _____ TITLE _____

Given Names _____

Address _____

Phone (Home) _____ Mobile _____

Email _____

Signature of Applicant _____ Date _____

Next of Kin _____ Contact No: _____

RESERVATION FORM

FUTURE INTERMENT IN COLUMBARIUM NICHE

Reserved for (Full Name). 1. _____

Address _____

Email _____

CHOSEN WALL _____ NUMBER _____

OFFICE USE

Columbarium Wall Niche fee is **\$275** including GST

FEE PAID: \$ _____ Receipt No. _____ Date _____

The upkeep of the Columbarium will involve expenses for the parish in the long term. Any donations towards that upkeep would be gratefully received.

I would like to *make a donation* towards the upkeep of the Columbarium:

Amount \$ _____ Receipt No. _____ Date _____

**PERSONAL DETAILS OF DECEASED PERSON
FOR NICHE INTERMENT**

Surname _____

(as shown on the Death Certificate)

Given Names _____

Last known address _____

Date of birth _____ (M/F) _____ Marital Status _____

Date of death _____

Relationship to Applicant _____

WALL _____ **NUMBER** _____

INSCRIPTION ON COLUMBARIUM WALL NICHE PLAQUES

- The lettering on any memorial plaque should not exceed 6 lines of lettering.
- A copy of how a finished plaque can look is available if required.

Please note that the bronzed wall plaques will be charged at the current market price upon receipt.

INSCRIPTION ON PLAQUE. PLEASE USE CAPITAL LETTERS.

Line 1. _____

Line 2. _____

Line 3. _____

Line 4. _____

Line 5. _____

Line 6. _____

Note: All information collected with this application will be treated in accordance with the Armadale Parish Privacy Policy, a copy of which is provided with this application form.

Note: There are general conditions regarding the placement of ashes and the placement of a memorial plaque, a copy of which is provided with this application form.

Note: The rites of interment will be prescribed by the Parish Priest in accordance with the Roman Catholic forms of worship. ***In accordance with Church teaching, the entire remains of a person are to be interred in the columbarium.***

DECLARATION:

I hereby acknowledge that I have received a copy of the General Conditions and the Armadale Parish Privacy Policy and that I have read them, or they have been read to me.

Signed _____ Date _____

