



ST. JOHN THE EVANGELIST

CATHOLIC CHURCH

OXFORD, MS 38655

APPLICATION FOR COLUMBARIUM RESERVATION

Right Holders Name _____ Date _____.

Address _____ City _____ State _____ ZIP _____.

Phone _____ EMAIL _____

Name of Person(s) to be Inurned

Person One _____ Relationship _____.

Person Two _____ Relationship _____.

Payment Included \$ _____.

Acknowledgement of receipt of the Columbarium Policies and Procedures.

Right Holders Signature _____ Date _____.

Approved by _____ Date _____.