



Risen Christ
Catholic Community
A Parish of the Diocese of Boise

Risen Christ Catholic Community

APPLICATION FOR RESERVATION OF NICHE COMMEMORATIVE PLAQUE IN RISEN CHRIST CATHOLIC COMMUNITY COLUMBARIUM

Name _____
(Last) (First) (Middle Initial)

Street Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____

Parish Affiliation _____

Please print exact name and date of birth as will be shown on the niche/plaque:

Name _____ DOB _____
(First) (Middle Initial) (Last) (Month) (Date) (Year)

DOD _____
(Month) (Date) (Year)

Name _____ DOB _____
(First) (Middle Initial) (Last) (Month) (Date) (Year)

DOD _____
(Month) (Date) (Year)

Niche Location Preference _____

NOTE: The Columbarium Trust Committee will assign spaces as close as possible to preferred location, based on availability and priority.

I hereby acknowledge receipt of the Guidelines and Policies Governing Inurnment in Risen Christ Catholic Community Columbarium. I understand them and agree to abide by them and any amendments thereto.

Signature of Applicant _____ Date _____

Assigned Niche Number _____

Full payment received _____

Signature _____

Risen Christ Catholic Community Columbarium Trust Committee

(Date)

(Committee Member Approval)