

APPLICATION

FIRST PRESBYTERIAN CHURCH OF KINGSPORT
MEMORIAL GARDEN AND COLUMBARIUM



I wish to reserve a **niche** in the Memorial Garden and Columbarium at First Presbyterian Church of Kingsport.
The remains of:

Name: _____ and

Name: _____

will be placed in this niche. (Show name as it should be engraved on niche cover. Inscriptions will contain only the deceased's name, year of birth and year of death.)

Row 1-4 (\$600) _____ Row 5-6 (\$800) _____ Row 7-8 (\$1000) _____

I wish to place a **memorial plaque** in the Memorial Garden at First Presbyterian Church of Kingsport for:

Name: _____

Name of Applicant: _____

Address: _____

Date: _____

Phone: _____ E-Mail: _____

Please return this application to:

First Presbyterian Church
Attn: Memorial Garden and Columbarium Committee
100 W. Church Circle
Kingsport, TN 37660

For current fee structure, see **Process** page
in the Memorial Garden and Columbarium
information packet. Fees are subject to change.

FIRST PRESBYTERIAN CHURCH OF KINGSPORT MEMORIAL GARDEN AND COLUMBARIUM
(TO BE COMPLETED BY MEMORIAL GARDEN AND COLUMBARIUM COMMITTEE)

Certificate for Niche # _____ and/or Memorial Plaque _____

Payment of \$ _____ received from applicant on _____ (date of receipt)

Date certificate completed and mailed to Certificate Holder _____

MGCC Committee Member Signature _____

This purchase and the use of the Memorial Garden and Columbarium are subject to the Terms of Agreement for the Memorial Garden and Columbarium and any changes which may be hereafter made to the Terms of Agreement by the Session of First Presbyterian Church of Kingsport.

LIVING FAMILY

Name _____

Relation* _____

Phone _____ E-Mail _____

Address _____

Name _____

Relation* _____

Phone _____ E-Mail _____

Address _____

Name _____

Relation* _____

Phone _____ E-Mail _____

Address _____

Name _____

Relation* _____

Phone _____ E-Mail _____

Address _____

*Relation: Spouse, Father, Mother, Son, Daughter, Brother, Sister, etc.