

Asbury Columbarium  
 6767 S. Mingo Rd, Tulsa, Oklahoma 74133  
 Phone: 918-492-1771 Fax: 918-392-1100  
 Attention: Coordinator

## APPLICATION TO PURCHASE A RIGHT OF INURNMENT

(Please type or print clearly. One application required per Niche)

1. Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

3. Eligibility for Purchase: (Check one)

Current AUMC Member \_\_\_\_\_ Former AUMC Member \_\_\_\_\_ Dates: \_\_\_\_\_

Current AUMC Minister \_\_\_\_\_ Former AUMC Minister \_\_\_\_\_ Dates: \_\_\_\_\_

Relative of Present AUMC Member \_\_\_\_\_ Name: \_\_\_\_\_

Relative of Former AUMC Member \_\_\_\_\_ Relationship: \_\_\_\_\_ Dates: \_\_\_\_\_

(See AUMC Guidelines for definition of immediate family)

4. Full Name of Eligible Person(s) who will be inurned: (up to two per Niche)

Person 1) Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Person 2) Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

5. Niche Requested (subject to approval): Section: Center Wall: \_\_\_\_\_ Row: \_\_\_\_\_ Column: \_\_\_\_\_  
 (If blank, next available niche will be assigned or chosen when Agreement Signed)

6. Terms of Purchase:

Initial: \_\_\_\_\_ I have received, read, and understand the Rules, Policies and Regulations of Asbury Columbarium; as existing now and/or which may exist in the future as a part of this Application; and I agree to abide by them.

Initial: \_\_\_\_\_ I hereby release Asbury United Methodist Church and its employees, and its directors, officers, agents, committees, volunteers, and representatives from all claims, liability, and causes of action, relating to or pertaining to this application, inurnment, and the past, present and future operation of Asbury Columbarium, including all negligence, loss, destruction, vandalism, and desecration of remains, save and except for acts of gross negligence or intentional wrong doing, and in no event shall they corporately or individually be liable for any damages to me or my relatives or heirs beyond the purchase price of the right of inurnment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Application Received by: _____	Date: _____
Approved: _____ Denied: _____	By: _____
Payment Received Date: _____ Amount: _____	
Check # _____	