

**ST. THOMAS COLUMBARIUM  
INFORMATION FORM**

Number: \_\_\_\_\_

**Name of Deceased (as desired on Columbarium nameplate):**

\_\_\_\_\_  
(First, Middle, Last, Suffix)

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Columbarium Plot #: \_\_\_\_\_

\$300 One Time Fee: Date Paid: \_\_\_\_\_ Method of pymt: \_\_\_\_\_

Date Brass Nameplate ordered: \_\_\_\_\_ Date received: \_\_\_\_\_

**Reservations:**

Plot number(s) reserved: \_\_\_\_\_

Name of family member(s) reservations made for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$300 Fee(s): Date Paid: \_\_\_\_\_ Method of pymt: \_\_\_\_\_