

**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: _____