

**Cathedral of St. Mary
Diocese of Cheyenne
2107 Capitol Ave.
Cheyenne, WY 82001**

Columbarium Application

Date: _____

Name of Applicant: _____

Spouse Applicant: _____

Address: _____

Phone(s): Home _____ **Cell** _____

Parish where registered _____

I, the above named applicant(s), apply for the reservation of a Niche(s) as the same is described more fully in the Columbarium Rules and Regulations of the Cathedral of St. Mary, Cheyenne, WY, and agree to abide by all the aforesaid which may be amended from time-to-time. The Cathedral may reject any application for any reason.

Cost: \$1,200.00 per niche

Method of Payment: Check _____
(payable to Cathedral of St. Mary)

Credit Card _____

Columbarium Niche Number(s) _____

Please print name exactly as it is to appear on the name plate and date of birth.

Applicant

Spouse Applicant

Date of Birth (mo/day/year)

Date of Birth (mo/day/year)

(continued on back)

I, the undersigned, agree to and accept all rules and regulations that pertain to and govern the Columbarium and the Columbarium site. I understand that said rules and regulations are subject to change without notice and it is my responsibility to inquire.

Signed this _____ day of _____, 20_____

Print Name of Applicant

Print Name of Spouse Applicant

Signature of Applicant

Signature of Spouse Applicant