COLUMBARIUM INURNMENT REQUEST FORM

To The Episcopal Church of the Good Shepherd, Granbury, Texas:

Subject to the Columbarium Policies and Procedures of Good Shepherd, the undersigned states that he/she is authorized to act on behalf of

(Print Name): (“SUBSCRIBER”) pursuant to the Good Shepherd Certificate of Inurnment Rights previously issued to the SUBSCRIBER and further states that Good Shepherd is hereby requested to approve inurnment of the following identified person(s) pursuant to that Agreement. Good Shepherd is further hereby requested and authorized to have engraved upon the niche granite faceplate of Niche No. in which the cremated remains of the following individual(s) have been, or are scheduled to be inurned, the engraved inscription, formatted pursuant to Good Shepherd’s standard and your specifications, containing the following information (printed):

(Full Christian Name): First Line

Second Line

(Surname): Third Line

Date of Birth Date of Death

-And if applicable-

(Full Christian Name): First Line

Second Line

(Surname): Third Line

Date of Birth Date of Death

I hereby agree to protect and indemnify The Episcopal Church of the Good Shepherd, Granbury, Texas, and its Rectors, Wardens, Vestry, and any of its agents acting on its behalf in relation to the Columbarium against any claims for damages which may result on account of this Inurnment Request Form, and do agree to hold all of them harmless from any present or future claim that I may have in relation thereto.

By my signature, I hereby certify and warrant the accuracy of the information provided in this Inurnment Request Form and agree that I shall be responsible for any costs or damages resulting from mistakes or inaccuracy in the information provided herein.

Signed:

Printed Name:

Printed Address:

Title / Authority for Request: