

WHITE'S CHAPEL
METHODIST CHURCH
185 S. White Chapel Blvd.
Southlake, TX 76092

RIGHT OF INURNMENT APPLICATION

Date: _____ Application #: _____
(Leave Blank)

Name of Applicant: _____
Last First Middle Initial

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Telephone: () _____ Alternate Telephone: () _____

Primary Email: _____ Alternate Email: _____

Name(s) of Eligible Person(s) To Be Inurned:

Person 1: Name: _____
Last First Middle Initial

Street Address: _____

City: _____ State: _____ Zip: _____

Eligibility Criteria (Check one)

_____ WCMC Member _____ Former WCMC Member
_____ Immediate Family of WCMC Member Membership years _____ - _____
_____ or MCC Minister _____ Elder or Deacon of the MCC
Name of Member/Minister and Relationship: _____

Person 2: Name: _____
Last First Middle Initial

Street Address: _____

City: _____ State: _____ Zip: _____

Eligibility Criteria (Check one)

_____ WCMC Member _____ Former WCMC Member
_____ Immediate Family of WCMC Member Membership years _____ - _____
_____ or MCC Minister _____ Elder or Deacon of the MCC
Name of Member/Minister and Relationship: _____

I have received a copy of White's Chapel's Columbarium Rules, Policies & Regulations and agree to abide by these and future revisions.

Signed By: _____ Date: _____

Printed Name: _____