



St. Luke Lutheran Church
 9100 Menaul Blvd. NE, Albuquerque, NM 87112
 (505) 299-2621 ♦ stluke@thuntek.net ♦ www.stluke-elca-abq.org

St. Luke Columbarium

Attention: Coordinator

APPLICATION TO PURCHASE A RIGHT OF INURNMENT

(Please type or print clearly. One application required per niche.)

Name of Applicant: _____

Address: _____

Phone(s): _____ **Email:** _____

Other Contacts (*include name, relationship, phone, address*): _____

Eligibility for Purchase: (*please check one*)

Active Member

Related to Active Member **Name of Active Member:** _____

Relationship: _____

Full Name of Eligible Person(s) who will be inurned: (*maximum: two per niche*)

Person (1) Name: _____

Relationship to Applicant: _____

Person (2) Name: _____

Relationship to Applicant: _____

Terms of Purchase:

Initial: ____ I have received, read, and understood the Rules, Policies, and Regulations of St. Luke Columbarium and I agree to abide by them and any subsequent amendments thereto.

Initial: ____ I hereby release St. Luke Lutheran Church and its church council, employees, volunteers, committees, ministries, representatives, and agents, from all claims, liability, and causes of action, relating to or pertaining to this application, inurnment, and the past, present, and future operation of St. Luke Columbarium, including all negligence, loss, destruction, vandalism, and desecration of cremains, save and except for acts of gross negligence or intentional wrong doing, and in no event shall they corporately or individually be liable for any damages to me or my relatives or heirs beyond the purchase price of the right of inurnment.

Applicant's Signature: _____ **Date:** _____

Office Use Only	
Application Received By: _____ _____	Date: _____ Niche No.: _____
Approved: _____ Denied: _____ By: _____ _____	Date Payment Received: _____ Amount: _____ Check No.: _____