

Zion Lutheran Church Columbarium Niche Plate Order



NICHE PLATE ENGRAVING ORDER FORM

Please complete the information below for the engraving of the Columbarium niche plate.
Please review all spelling, punctuation, and dates carefully before submission.

Columbarium Name: _____

Purchaser / Family Name:

Contact Person: _____

Phone Number: _____

Email: _____

Niche Number: _____

Name(s) to Appear on Plate:

Date of Birth: _____ Date of Death: _____

Additional Date (if applicable): _____

Special Instructions:

Approval & Signature

I verify that all engraving information provided above is accurate and approved for production. I understand that corrections requested after engraving may result in additional costs.

Signature: _____ Date: _____

Church Representative: _____ Date: _____