

MEMORIAL COLUMBARIUM PURCHASE FORM

**St. Philip's Episcopal Church
522 Main Street, Laurel, MD 20707-4118**

Please complete this form, sign, date and return with the appropriate payment to the above address.

Date: _____

I/We have received a copy of the St. Philip's Memorial Garden/Columbarium Brochure and as of this date have read the St. Philip's Episcopal Church Memorial Garden Policies and procedures and agree to the terms set therein and will attest with my signature. I also enclose payment of \$1,500 to purchase a niche. ***(You will need to contact the W.S. Tegeler Monument Company to make the necessary arrangements for your Facing Stone; their contact information is provided on the next sheet.)***

Signature of Purchaser

Print Name

Signature of Spouse/Other

Print Name

Current Mailing Address _____

Current Phone Number _____

Next of Kin Name _____

Address _____

Phone Number _____

To make the necessary arrangements for and to purchase the Facing Stone for the niche which you have purchased today, please contact the

W.S. Tegeler Monument Company at

5804 Windsor Mill Road

Baltimore, MD 21207

(410) 944-0300

Local to Laurel (410) 788-1318

Fax (410) 298-7908

INFORMATION FOR FACING STONE

(please print – exactly as should appear on facing plate)

Name #1 _____

Date of Birth _____ Date of Death _____

Name #2 _____

Date of Birth _____ Date of Death _____

Signature, Representative of St. Philip's Episcopal Church

Date