



St. Agnes Columbarium

Full name(s) of person(s) to be inurned in niche as name(s) is/are to be engraved on niche cover. If you are reserving more than one niche, please complete a separate form for each niche:

Full date(s) of birth of person(s) listed above (in same order as names are listed):

Contact information for the person(s) listed above:

Address: _____

e-mail(s): _____

Home phone: _____

Cell phone(s): _____

Name(s) and contact information of person(s) responsible for handling arrangements when the person(s) above is/are deceased.

Name: _____

Address: _____

e-mail and phone #s: _____

Name: _____

Address: _____

e-mail and phone #s: _____

Signature(s) of person(s) reserving niche

Date

Final payment received in parish office: _____

Signature

Date

P.O. Box 1603, 106 South Duke Street, Shepherdstown WV 25443-1603

Email Office@StAgnesShepherdstown.org www.StAgnesShepherdstown.org Tel 304-876-6436