

APPLICATION FOR MEMORIAL WALL PLAQUE
THE MEMORIAL WALL AT ST. ANDREW'S EPISCOPAL CHURCH
McKINNEY, TEXAS

*Please use one form per plaque. If applying for multiple plaques, use multiple forms.
The 'Applicant' is the person who is seeking to purchase the plaque.*

APPLICANT'S INFORMATION

Name: _____
(first) (middle) (last)

Residence Address: _____

Mailing Address: _____
(if different from above)

Email: _____

PLAQUE INFORMATION

Type of Plaque: Single Double

Plaque Number Requested: _____
(the list of available plaques may be requested from the church office)

THIS PLAQUE IS IN MEMORY OF

Name: _____
(first) (middle) (last)

Relationship to Applicant: _____
(i.e. spouse, parent, etc. Refer to "Policies and Procedures" for complete eligibility information.)

Individual #1
Single Plaque

⚡ Skip the section below if the plaque is in memory of a single person. ⚡

Name: _____
(first) (middle) (last)

Relationship to Applicant: _____
(i.e. spouse, parent, etc. Refer to "Policies and Procedures" for complete eligibility information.)

Individual #2
Double Plaque Only

By execution of this Application, the Applicant agrees that the Policies and Procedures for St. Andrew's Episcopal Church Columbarium and Memorial Wall, McKinney, Texas, now existing and/or which may from time to time be promulgated by the Columbarium Committee and approved by the Vestry, are a part of this Application for all purposes as if they appeared herein word for word. Applicant acknowledges receipt of a copy of the current Policies and Procedures and acknowledges that said Policies and Procedures include, among other things, certain waiver of rights and potential claims as stated therein.

By execution of this Application, Applicant specifically acknowledges and agrees:

- a. that the Columbarium and Memorial Wall Plaques shall initially be located on the West side of the Narthex of the Church;
- b. that the long term vision for the Columbarium is to construct a garden space on the Church grounds that will contain the columbarium units and Memorial Wall Plaques ("the Columbarium Garden"); and,
- c. the Columbarium unit and Memorial Wall Plaques initially located in the Narthex of the Church will be transferred to the Columbarium Garden upon its completion, with all costs for such transfer to be paid by the Church.

Applicant's Signature: _____

Date: _____

For church office / Columbarium Committee use only

Payment Received: \$ _____ on _____
(amount) *(date)*

Rector's Signature: _____

Date: _____

Columbarium Committee
Chair's Signature: _____

Date: _____