

The Cathedral Church of St. Luke
143 State Street
Portland, ME 04101

Columbarium: Niche(s) Reservation Request and Office Record

Name of Reservation Buyer(s): _____

Street Address: _____

City, State Zip: _____

Phone: _____ Email: _____

Please enter the Reservation Name below as it will be engraved on the Columbarium Nameplate.

Niche Location # _____ Reservation for (name): _____

Address(if different from buyer): _____

Niche Location # _____ Reservation for (name): _____

Address(if different from buyer): _____

Total Price: \$ _____ Check: _____ or Credit Card: _____

Amount Paid: \$ _____ Date: _____

Payment Received By: _____

Balance Due: \$ _____ Date: _____

This request will be used as the basis for office records and will be confirmed by a Reservation Certificate when all appropriate signatures and payment agreements have been completed.

Agreed by Buyer: _____ Date: _____

FOR OFFICE USE:

Name of Deceased	Birth Date	Death Date	Niche Location	Inurnment Date	Signed

Thank you.