

ST. ANDREW'S BY-THE-SEA
P O BOX 491
LITTLE COMPTON, RHODE ISLAND 02837
401 635-2452

A C C E P T A N C E

THE ST. ANDREW'S BY-THE-SEA COLUMBARIUM COMMITTEE ACKNOWLEDGES THE RECEIPT OF THE APPLICATION OF

_____ AND THE SUM OF \$ _____.
Name(s)

ST. ANDREW'S BY-THE-SEA PERMISSION IS HEREBY GRANTED, SUBJECT TO THE REGULATIONS OF THE COLUMBARIUM AND MEMORIAL GARDEN COMMITTEE, FOR INTERMENT/SCATTERING IN THE MEMORIAL GARDEN, THE ASH/ASHES OF

_____ and _____
Name (Name)

THE ST. ANDREW'S BY-THE-SEA COLUMBARIUM COMMITTEE AGREES TO INTER THE ASH/ASHES WHEN THEY ARE PRESENTED, OR AS SOON AS FEASIBLE THEREAFTER, AND TO FURNISH AND INSTALL PROPER NAME PLATES.

ST. ANDREW'S BY-THE-SEA COLUMBARIUM COMMITTEE

BY

DATE

THIS APPLICATION AND ACCEPTANCE WILL BE PRESERVED IN A PERMANENT FILE IN THE PARISH OFFICE OF ST. ANDREW'S BY-THE-SEA, LITTLE COMPTON, RHODE ISLAND.

DATE OF INTERMENT: