

**APPLICATION FOR
A PLAQUE ON THE MEMORIAL TABLET
IN THE
COLUMBARIUM OF
BLACKSBURG PRESBYTERIAN CHURCH
BLACKSBURG, VIRGINIA**

NAME THAT WILL APPEAR ON THE PLAQUE:

DATE OF BIRTH: _____

DATE OF DEATH: _____

THE MEMORIAL PLAQUE IS FOR THE MEMORY OF LOVED ONES AND FRIENDS WHO ARE INTERRED ELSEWHERE. EACH PLAQUE WILL LIST THE NAME OF ONE PERSON, TOGETHER WITH HIS/HER DATE OF BIRTH AND DATE OF DEATH.

THE UNDERSIGNED AGREE (S) THAT THE RULES AND REGULATIONS FOR THE COLUMBARIUM, BLACKSBURG PRESBYTERIAN CHURCH, BLACKSBURG, VIRGINIA, AS THEY MAY BE AMENDED FROM TIME TO TIME, SHALL GOVERN THE USE OF A PLAQUE ON THE MEMORIAL TABLET.

DATE: _____

SIGNATURE(S): _____

IN CASE OF MY INCAPACITY, THE FOLLOWING PERSON IS AUTHORIZED TO EXECUTE MY WISHES REGARDING THIS PLAQUE.

NAME: _____

ADDRESS: _____
