



# St. Martin in the Fields

EPISCOPAL CHURCH

## Application for Reservation of Columbarium Niche(s)

**Date:**

**Name(s) of person(s) completing this application form:**

**Address** [city / state / zip code]:

**Home Telephone:**

**Cell Phone:**

**Email Address:**

**Number of years at St. Martin's:**



**Name(s) and Dates(s) of Birth for Nameplates:**

**Number of Niche(s) Requested:**

\_\_\_\_\_ X \$1,000.00 per niche = \$ \_\_\_\_\_

**Niche Number(s) and corresponding name(s):**

**Please make check payable to St. Martin in the Fields Episcopal Church.**

**Mail check and copy of form to:**

**St. Martin's Episcopal Church  
Attn: Leslie Rose / Columbarium Niche  
3110 Ashford Dunwoody Rd.  
Atlanta, GA 30319-2770**

Need assistance? Please direct any questions or concerns to the church's Parish Administrator at [admin@stmartins.org](mailto:admin@stmartins.org).

