

**TRINITY CELEBRATION GARDEN**  
 Trinity Presbyterian Church, 5871 W. Virginia Parkway, McKinney, Texas 75071

**COLUMBARIUM NICHE INSCRIPTION ORDER FORM – N**

Subject to the Policies and Procedures of the Trinity Celebration Garden, you are hereby requested and authorized to engrave upon the face cover the following identifying inscription(s) of the Holder(s) of the Certificate Interment Rights. Length of inscription may be limited due to number of spaces/characters.

**Niche Location: Section** \_\_\_\_\_ **Column** \_\_\_\_\_ **Row** \_\_\_\_\_

**Inscription A** (please print or type carefully)

Name: \_\_\_\_\_  
                First                                Middle                                (Maiden)                                Last

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
                (month-day-year)                                (month-day-year)

*If deceased*, cremains are: \_\_\_\_\_ available OR \_\_\_\_\_ not available. Date of Interment: \_\_\_\_\_  
(Leave Blank)

**Inscription B** (please print or type carefully)

Name: \_\_\_\_\_  
                First                                Middle                                (Maiden)                                Last

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
                (month-day-year)                                (month-day-year)

*If deceased*, cremains are: \_\_\_\_\_ available OR \_\_\_\_\_ not available. Date of Interment: \_\_\_\_\_  
(Leave Blank)

**Position of Inscription(s)**

**I/We request: Inscription A \_\_\_\_\_, OR Inscription B \_\_\_\_\_, OR First to Die \_\_\_\_\_ to be located in the upper position on the face cover. If only one inscription, it will be centered.**

**I certify that the above inscription text is correct and any changes shall be made at my expense.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Authority for request (*check one*): \_\_\_ Owner of Right; \_\_\_ Owner's Survivor; \_\_\_ Executor; \_\_\_ Admin.

COMPLETE ALL INFORMATION REQUESTED ABOVE - DO NOT WRITE IN THIS BOX

**Inscription Order Form Received by:** \_\_\_\_\_ **for the TCG Committee**

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Application No.** N - \_\_\_\_\_