

**THE FALLS CHURCH ANGLICAN  
CONTRACT OF PURCHASE AND PERPETUAL CARE  
FOR COLUMBARIUM INTERMENT**

In consideration of the payment of \$ \_\_\_\_\_ by  
\_\_\_\_\_ (the "Applicant(s)"),

the receipt of which is acknowledged, The Falls Church Anglican Church, Falls Church Virginia (the "Church"), through its Rector, agrees to provide:

\_\_\_\_\_ niche(s) in the Columbarium

for the ashes of (list names and relationships of those anticipated to occupy the above niche(s)):

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

[ ] By checking this box, the Applicant(s) acknowledge that they have received, read and accepted the **Falls Church Anglican Columbarium and Memorial Garden Policies (the "Policies")**, and that the Policies, which may be modified from time to time by the Church, govern and are the basis for this Contract.

The Applicant(s) may at any time change the list of names of those whose ashes are anticipated to occupy a niche in the Columbarium, so long as those listed are "Eligible Persons" as defined in the Policies.

The Applicant(s) may not assign or transfer any right under this Contract without written permission of the Church. Any person (including an assignee, designee, heir, or devisee) who acquires any right of the Applicant(s) in accordance with this Contract, or as otherwise provided by law, shall be subject to all terms and conditions of this Contract and the Policies.

**APPLICANT (Print):** \_\_\_\_\_

(Sign): \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**APPLICANT (Print):** \_\_\_\_\_

(Sign): \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

If available, Applicant(s) hereby request Niche number(s) \_\_\_\_\_ as illustrated on the attached "Columbarium Niche Layout" exhibit.

Please provide detailed contact information for at least two persons (e.g., next of kin) who may be contacted in addition to the Applicant(s) with regard to this Contract.

NAME: \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

**THE FALLS CHURCH ANGLICAN**

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Niche(s) Assigned:** \_\_\_\_\_