

OLD ST. ANDREW'S PARISH CHURCH
THE REV. MARSHALL HUEY, RECTOR

Application to Purchase Burial Plot

The sale of burial privileges in full burial lots, small burial lots or columbarium niches for cremated human remains shall be limited to *bona fide* communicants in good standing of St. Andrew's Parish Church (the "Church"), as defined by the Church By-Laws. The Church retains the right to decline to sell full burial lots, small burial lots or columbarium niches to any person who is not a *bona fide* member of the Church, as defined in the Church By-Laws. Burial rights are personal and do not convey any interest in real property, and therefore may not be assigned, sold or transferred to anyone other than the specified lot holder(s), without express prior consent of the Rector. Should burial rights be sold or otherwise assigned to any person in violation of the foregoing, the Church retains the right to refuse to recognize said assignment.

Name: _____

Address: _____ City: _____ Zipcode _____

Phone: _____ Email: _____

<u>Lots Requested:</u>	<u>Plot Number(s)</u>
_____ Full Burial Lot (4' x 9') \$2,500 \$ _____	_____
_____ Small Burial Lot (2' x 2') \$1,000 \$ _____	_____
_____ Columbarium Single Niche \$1,000 \$ _____	_____
_____ Columbarium Double Niche \$2,000 \$ <u>N/A</u> _____	_____
Total	\$ _____

Payment Received \$ _____ Date: _____ Chk # _____ Verified by: _____

Thank you for your application. Your application will be reviewed, and you will be contacted by our Rector. Please take a copy of our Graveyard Rules and Regulations for your review and sign below. We do not accept "partial" or "down" payments.

Names of individuals authorized to be buried in this plot are listed on the second page of this form.

I acknowledge receipt of the Graveyard Rules and Regulations of Old St. Andrew's Parish Church (February 2011).

Signature

Date

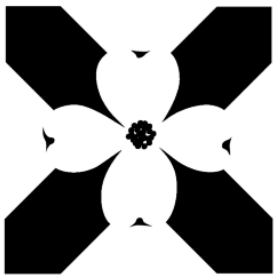
- ****Office use**** Membership verification

Parish Register: Baptism _____ Confirmation _____ Communicant _____

APPROVAL:

Rev. Marshall Huey, Rector Names of individuals

2604 ASHLEY RIVER ROAD ▪ CHARLESTON, SOUTH CAROLINA ▪ 29414 ▪ TEL (843) 766.1541



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authorized to be buried in your plot: (Required for each planned interment.)

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Email: _____

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Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Email: _____

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Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Email: _____

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Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Email: _____

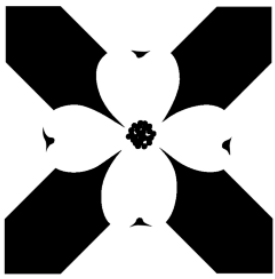
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Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Email: _____



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Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Email: _____

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Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Email: _____

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Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Email: _____