

DEMOGRAPHIC RECORD

Two Plots and One Columbarium Vault Allowed per Eligible Person

Date: _____

Check box(es) for items being considered for purchase:

Plots (indicate # (1 or 2) requested ____) Columbarium Vault (1)

Plot and Columbarium Vault selections are subject to University's approval. Prior to signing any agreement(s), the University will be in contact to coordinate location(s) whether requested below or left blank. You may request Plot Sections or Columbarium Walls below, if so desired.

Plot(s) <i>Section and Plot #</i>	1 st Choice(s):		
	2 nd Choice(s):		
	3 rd Choice(s):		

Columbarium Vault <i>Wall & Vault#</i>	1 st Choice:		2 nd Choice:	
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Name of rights or license holder: _____
Last *First* *Middle*

Address: _____

Birthdate: _____ Telephone #: _____

Email: _____

University title, school affiliation, dates of active service, eligibility criteria (e.g. faculty, alumni, etc.)

Name of spouse: _____
Last *First* *Middle*

Person to Contact (other than spouse) should licensee die: _____

Street Address *City* *State* *Zip Code*

Relationship to rights or license holder: _____

Telephone #: _____ Email: _____

Names of immediate family: _____

Names expected to be buried or interred: *(not binding; to be confirmed at time of interment):*
