



ST. GABRIEL'S CEMETERY

APPLICATION FORM FOR NICHE RE-OPENING

TO BE COMPLETED BY APPLICANT

1. Name of Applicant (one person only): _____

2. Address of Applicant: _____

3. Contact No.: _____

4. Name of deceased *second* interment: _____

5. Relationship of purchaser to deceased: _____

6. Date: _____

I confirm that I have received a copy of the terms and conditions attached to the Columbarium Wall at St Gabriel's Cemetery and I understand and accept those terms and conditions.

Signed: _____

OFFICE USE ONLY –

Fee for same (€150 per Niche) _____

I.D. No. of Niche(s) _____

Receipt No/Date: _____

Date of Receipt: _____

Deed No: _____

Please note that this completed application must be forwarded to memorial contractor within SEVEN days from date of completion of this application.

N.B . A Niche can only be re-opened on confirmation of the Official Receipt and Right of Inurnment Deed of the applicant.