



**ST. GABRIEL'S CEMETERY**

**APPLICATION FORM FOR NICHE PURCHASE**

**TO BE COMPLETED BY APPLICANT**

**1. Name of Applicant (one person only):** \_\_\_\_\_

**2. Address of Applicant:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Contact No.:** \_\_\_\_\_

**4. Name of deceased first 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:** \_\_\_\_\_

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**OFFICE USE ONLY –**

**Fee for same (€650 per Niche)** \_\_\_\_\_

**I.D. No. of Niche(s)** \_\_\_\_\_

**Receipt No/Date:** \_\_\_\_\_

**Date of Receipt:** \_\_\_\_\_

**Deed No:** \_\_\_\_\_

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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 is considered allocated only when an Official Receipt and Right of Inurnment Deed are issued to the Applicant.**