

JIKOEN HONGWANJI MISSION COLUMBARIUM

Application Form

Name of Applicant: _____

Address: _____

Phone: _____ E-mail: _____

Second Contact Person:

Name of Contact: _____

Address: _____

Phone: _____ E-mail: _____

Name(s) of deceased:

Applicant's Signature: _____

Office use only: # _____ \$ _____ Date: _____

Minister's Signature: _____