

**JIKOEN HONGWANJI MISSION NEW COLUMBARIUM**  
Application Form

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name(s) of deceased: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant' s Signature: \_\_\_\_\_

\_\_\_\_\_

Office use only:

# \_\_\_\_\_ \$ \_\_\_\_\_ Date: \_\_\_\_\_

Minister's Signature: \_\_\_\_\_