



**CITY OF DAWSONVILLE**  
415 Hwy 53 E, Suite 100  
Dawsonville, GA 30534  
Phone # : (706) 265-3256  
[www.dawsonville-ga.gov](http://www.dawsonville-ga.gov)

## Columbarium Niche Designee Information

Purchaser \_\_\_\_\_

Address \_\_\_\_\_

Phone #s \_\_\_\_\_

Email \_\_\_\_\_

Purchaser, please clearly print the information indicated below for the person(s) whose cremated remains will be inurned in the columbarium:

I. Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    First                      Middle                      Last

Death Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Purchaser: \_\_\_\_\_

II. Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    First                      Middle                      Last

Death Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Purchaser: \_\_\_\_\_

Name engraving is limited to 16 characters on the first line and 10 characters on the second line. Spaces count as a character. Engraving will be done in Canto font only.

***Your signature below signifies the accuracy of the above information. The City is not responsible for misspelled names and/or incorrect dates.***

Purchasers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Purchaser will be the first point of contact for the City. Please list below additional persons the City may contact regarding the use of the Columbarium in the event the City is unable to contact the Purchaser:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_