



2655 Clark Road, Hartland, Michigan 48353
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WILLIAM J. FOUNTAIN
Supervisor

LARRY N. CIOFU
Clerk

KATHLEEN A. HORNING
Treasurer

MATTHEW J. GERMANE
SUMMER L. MCMULLEN
DENISE M. O'CONNELL
JOSEPH M. PETRUCCI
Trustees

Permit No. _____

COLUMBARIUM NICHE PURCHASE APPLICATION

Contact Information

Purchaser's Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Are you a current resident of Hartland Township? ☐ Yes ☐ No

Niches are only sold to
Township residents/taxpayers

Certificate Information

The full name(s) of the person(s) whose name(s) will be listed as owner(s):

Physical Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Interment Designations - Only the owner of the niche may designate who may be buried within the columbarium vault. Owners shall make such designations in writing to Hartland Township. Once made, only the owner may change such designations, in writing to Hartland Township.

CEMETERY: ☒ Hodge Columbarium #1 ☐ Single ☐ Double

Row #	Column #	Space #	Vault Space is Assigned to:	Address of Assignee:
			Name: Address:	Date of Birth: Date of Death: Veteran: ☐ Yes ☐ No
			Name: Address:	Date of Birth: Date of Death: Veteran: ☐ Yes ☐ No

(Rows 1-5, Columns A-H)

Payment - Payment is due at the time of application submittal, and is required prior to the Cemetery Vault Certificate being issued by the Township. Bronze name plates must be ordered through the Township.

Hartland Township – Cemetery Vault Application

Name: _____

The undersigned hereby agrees to be bound by the terms of Hartland Township Ordinances and Regulations, as amended. I have reviewed the Cemetery Rules and Regulations for Hartland Township, and acknowledge that my use of said lot(s) and my activity within said cemetery shall conform to said Rules and Regulations and Ordinances (both as amended).

I agree to notify the Township in writing whenever my contact information changes.

I understand that if, in the opinion of the Township, the headstones, monuments or memorials located on lots owned by me or my designees become unsightly, broken, dilapidated, a safety hazard, or are moved off their proper foundation or site, it will be my responsibility or that of my heirs or Estate to replace and/or provide proper maintenance to repair said headstones, monuments or memorials.

DATE

PURCHASER SIGNATURE

*** Make checks payable to: HARTLAND TOWNSHIP ***

FOR TOWNSHIP USE:

Permit No. _____

Vault #: _____
Columbarium #, east/west - column, row, space (i.e., 1E-A1a)

Hodge Cemetery – Columbarium #1

Side Facing: [] East [] West

Row: _____ Column: _____ Space (a/b): _____

Single Vault: \$550.00

Includes NS-1 Bronze Plaque

TOTAL: \$ _____

Double Vault: \$895.00

Includes NS-3 Bronze Plaque (double)

TOTAL: \$ _____

TREASURERS DEPARTMENT:

TOTAL PAID: \$ _____ Treasurer's Initials: _____
(attach copy of receipt and check)