



2655 Clark Road, Hartland, Michigan 48353  
Phone: (810) 632-7498 Fax: (810) 632-6950  
[www.hartlandtwp.com](http://www.hartlandtwp.com)

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Name:  Address:	Date of Birth:  Date of Death: Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> 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: \$570.00

Double Vault: \$915.00

Includes NS-1 Bronze Plaque

Includes NS-3 Bronze Plaque (double)

TOTAL: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

TREASURERS DEPARTMENT:

TOTAL PAID: \$ \_\_\_\_\_  
(attach copy of receipt and check)

Treasurer's Initials: \_\_\_\_\_