



# Holy Wisdom Monastery

## Columbaria/Ossuarium Reservation Form

### Identification of the Selected Niche(s) for the Columbaria or Ossuarium Vault Space

I would like to reserve the following niche(s) in Holy Wisdom Monastery's wall Columbarium:

Niche #: \_\_\_\_\_

I would like to reserve the following niche(s) in Holy Wisdom Monastery's Ossuarium Companion Columbarium:

Niche # \_\_\_\_\_

I would like to reserve space in the Ossuarium vault \_\_\_\_\_

### Designation of the Person to be Interred

I designate the following person to be interred in the reserved niche or Ossuarium vault:

Printed Name: \_\_\_\_\_  
(as it will be inscribed on the niche or Ossuarium)

Year of Birth: \_\_\_\_\_ Year of Death: \_\_\_\_\_

### Reservation Owner

This Reservation will become effective when Holy Wisdom Monastery accepts it, and is subject to Holy Wisdom Monastery's applicable policies and procedures. Return form and reservation fee to Holy Wisdom Monastery, Attn: Collections Manager, 4200 County Rd M, Middleton, WI 53562.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, State ZIP: \_\_\_\_\_

Full Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Reservation Fee: \$ \_\_\_\_\_ (Check payable to Benedictine Women of Madison)

Installment plan available upon request

### Holy Wisdom Monastery's Acceptance

Holy Wisdom Monastery accepts this Reservation. It has been approved after reviewing it for compliance with applicable policies and procedures.

Signature: \_\_\_\_\_  
Charles P. McLimans, CEO

Date: \_\_\_\_\_