



Trinity Church

1915 PINOPOLIS ROAD
PINOPOLIS, SC 29469

PHONE: 843.761.8570 FAX: 843.761.8525
TRINITYCHURCHPINOPOLIS@GMAIL.COM

FATHER HAL FENTERS: 843.810.6421

Certificate of Rights of Inurnment

The Trinity Church Memorial Garden Columbarium owned and operated by Trinity Church at 1915 Pinopolis Road Pinopolis, SC.

Issue Date: _____

Owner's Full Name: _____

Owner's Date of Birth: _____

Home Phone: _____ Cell: _____

Current Address: _____

Name(s) of Next of Kin, Legal Representative and/or Executor:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Conviction  Compassion  Courage



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To be Completed in the presence of a Trinity Church Employee:

To determine your Niche Number and Location, please see Trinity Church Office for diagram.

One Niche/One Urn: _____ One Niche/Two Urns: _____ Niche Number: _____

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Payment Amount: _____ Date: _____ Taken By: _____

Payment Amount: _____ Date: _____ Taken By: _____

This Certifies that the Rights of Inurnment in Niche Number _____ in the Memorial Garden Columbarium of Trinity Church in Pinopolis, SC are vested in _____.

The right to use said niche is granted subject to conditions and limitations and with the privileges specified in the rules and regulations listed on back of the certificate and all other rules and regulations of Trinity Church reasonably applicable thereto and not inconsistent therewith, as well as such other rules and regulations as may from time to time be adopted by the Vestry of Trinity Church.

Issued Certificate Number: _____

Rector: _____ Date: _____

Senior Warden: _____ Date: _____

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Application for Certificate of Rights of Burial

I hereby apply to the Rector & Vestry of Trinity Church in Pinopolis, SC for a Certificate of Rights of Burial in the Holy Family Cemetery located behind the former Holy Family Church on Highway 17A and under management by Trinity Church in Pinopolis, SC:

Applicant's Full Name: _____

Applicant's Date of Birth: _____

Applicant's Place of Birth (City/State): _____

Home Phone: _____ Cell: _____

Current Address: _____

Name(s) of Next of Kin, Legal Representative and/or Executor:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Conviction ✝ *Compassion* ✝ *Courage*



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To be Completed in the presence of a Trinity Church Employee:

To determine your Plot Number and Location, please see Trinity Church Office for diagram.

One Plot: _____ Two Plots: _____ Three Plots: _____ Four Plots: _____

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Payment Amount: _____ Date: _____ Taken By: _____

This Certifies that the Rights of Burial in Plot Number(s) _____ in the Holy Family Cemetery located behind the former Holy Family Church on Highway 17A and under management by Trinity Church in Pinopolis, SC are vested in _____.

The right to use said Burial Plot(s) is granted subject to conditions and limitations and with the privileges specified in the rules and regulations listed on back of the certificate and all other rules and regulations of Holy Family Cemetery managed by Trinity Church reasonably applicable thereto and not inconsistent therewith, as well as such other rules and regulations as may from time to time be adopted by the Vestry of Trinity Church.

Issued Certificate Number: _____

Rector: _____ Date: _____

Senior Warden: _____ Date: _____

Conviction  Compassion  Courage