

NEW Orders Only

Orders placed between 1/1/19 - 11/30/19

CRYPT & NICHE VASE USE & FLORAL PROGRAM

NAME ON CERTIFICATE (OWNER): _____

ORDERED BY (YOUR NAME): _____

STREET ADDRESS: _____ TELEPHONE: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF DECEASED: _____ MAUSOLEUM: _____

CORRIDOR: _____ TIER: _____ CRYPT #: _____

EMAIL ADDRESS: _____

VASE USE FEE: VASE TYPE: CRYPT **\$260.00** NICHE **\$120.00** (placement lower right)*

* Side-by-Side Companion Crypt **only**, indicate left or right placement.

DATE ORDER PLACED

CRYPT

NICHE

- JAN. 1ST – FEB. 28TH vase installation March 1st \$120.00 \$100.00 (4 seasons – expires **2/29/20**)
- MAR. 1ST – MAY 31ST vase installation June 1st \$90.00 \$75.00 (3 seasons – expires **2/29/20**)
- JUNE 1ST – AUG. 31ST vase installation Sept. 1st \$60.00 \$50.00 (2 seasons – expires **2/29/20**)
- SEPT. 1ST – NOV. 30TH vase installation Dec. 1st \$30.00 \$25.00 (1 season – expires **2/29/20**)

• **Additional ONE YEAR** add: \$120.00 \$100.00 (expires **2/28/21**)*
* 4 seasons in addition to partial year listed above

• **Vase installation requested prior to beginning of next season** add: \$30.00 \$25.00

TOTAL ORDER: VASE use fee \$ _____
 FLORAL order \$ _____
 TOTAL DUE \$ _____

Payment by: Cash
 Check
 Credit Card

Order or renew online at www.ccdrcinc.org

By my signature, I acknowledge that I have read the agreement on the back of this application and understand its contents. I agree to follow all cemetery rules and regulations set forth by this agreement.

Date: _____ Signature: _____

(If **not** signature of original owner, certificate of right of entombment **must** be presented at cemetery office)

Make checks payable to **CATHOLIC CEMETERIES** of the Roman Catholic Diocese of Rockville Centre Inc and

MAIL or BRING TO APPLICABLE CEMETERY:

CEMETERY OF THE HOLY ROOD
 PO BOX 182
 WESTBURY, NY 11590-0182
 Tel.: 516-334-7990

HOLY SEPULCHRE CEMETERY
 3442 ROUTE 112
 CORAM, NY 11727
 Tel.: 631-732-3460

QUEEN OF ALL SAINTS CEMETERY
 115 WHEELER RD
 CENTRAL ISLIP, NY 11722
 Tel.: 631-234-8297

To process this request:

1. Complete this Form
2. Include Payment
3. If this form is **not signed by the original owner**, the certificate of right of entombment must be presented at the cemetery office.

OFFICE USE (initial when completed)

Certificate presented _____
 Plot card checked & marked _____
 Deposit date: _____
 Deposit by: _____