

MEMORIAL CANDLE

**Cemetery of the Holy Rood
P.O. Box 182
Westbury, N.Y. 11590-0182
516-334-7990**

Donor's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

** Candle Location: _____ Number: _____ Exp. Date: _____

1 Year _____ 2 Years _____

Prices:

White Candles – Holy Rood Phases II & III (**2 Years Only**): \$225 (no image) or \$250 (with image)

Red Candles – All Other Mausoleums (**1 or 2 Years**): \$100 per year

IN MEMORY OF:

**Note: Red Candles: First Initial & Last Name Only*

White Candles (Holy Rood Phases II & III): First & Last Name

Cemetery Representative

Donor's Signature

Donor's Telephone Number

Email Address

** Candle selection requires confirmation of cemetery records. It is recommended that you visit our office to complete the selection process.

Office Use Only:

Date: _____

Donation: _____

Computer Ref: _____

MEMORIAL CANDLE

Holy Sepulchre Cemetery
3442 Route 112
Coram NY 11727
631-732-3460

Queen of All Saints Cemetery
115 Wheeler Road
Central Islip NY 11722
631-234-8297

Donor's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

****Candle Location:** _____ **Number:** _____ **Exp. Date:** _____

1 Year _____ 2 Years _____

Prices:

White Candles – Our Lady of the Rosary (**2 Years Only**): **\$225** (no image) or **\$250** (with image)

Red Candles – All Other Mausoleums (**1 or 2 Years**): **\$100 per year**

IN MEMORY OF:

**Note: Red Candles: First Initial & Last Name Only
White Candles (OLR only): First & Last Name*

Cemetery Representative

Donor's Signature

Donor's Telephone Number

Email Address

** Candle selection requires confirmation of cemetery records. It is recommended that you visit our office to complete the selection process.

Office Use Only:

Date: _____

Donation: _____

Computer Ref: _____