

St. Patrick Cemetery / St. Mary Cemetery Prepaid Arrangement Request Form

Date: _____

Cemetery - Please Check one:

St Patrick Cemetery

St Mary Cemetery

Complete Location of Lot & Grave number: _____

YARD RANGE SECTION LOT GRAVE # S

Original Owner's Name and Address: _____

Address

City/Town

Zip

Prepaid Fees (Please complete applicable items.)

Qty	Type of Fee	Amount of each	Total(Qty x Amt)
_____	Interment	_____	= \$ _____ -
_____	Container Installed	_____	= \$ _____ -
_____	Vault Installation	_____	= \$ _____ -
_____	Extra Burial Charges	_____	= \$ _____ -
	<input type="checkbox"/> Extra cremation space		
	<input type="checkbox"/> Double Depth		
	<input type="checkbox"/> Other _____		
Grand Total Prepaid			\$ _____ -

Note:
Prepaid fees exclude any Saturday or Holiday Overtime, Canopy & Winter Graveside Charges incurred at the time of burial

Designated Interments (name): _____

Relationship to owner: _____

Grave No.# _____

If Request is submitted
by a Funeral Director,
please complete:

Funeral Director Name

Funeral Director Address & Phone #

The original owner of record, or all of his/her direct heir(s) to the burial rights of the above described location, must sign this prepaid arrangement form. If this form is not signed by the appropriate person(s), or is left unsigned, the form and remitted payment will be returned to the person(s) who have submitted this request.

Signature(s) of Owner or Heir(s)

Additional Signature(s) of Owner or Heir(s)

Additional Signature(s) of Owner or Heir(s)

Additional Signature(s) of Owner or Heir(s)

Relationship to owner (if signed by heir(s))

Processed By - ***Cemetery use only***

Receipt #

Notary Public

Please remit by check, money order or credit card only to:
St. Patrick Cemetery Office, 1251 Gorham St.
Lowell, MA 01852 Tel 978 458 8464