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 □ Extra cremation space □ Double Depth □ 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)

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

_____
Notary Public

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

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

Processed By - ***Cemetery use only*** Receipt #

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

Revised March 2011