

# St. Joseph's Cemetery

209 Truman Avenue, Yonkers, NY 10703  
(914)963-0780 / Fax (914)963-5837

## INTERMENT REQUEST

Date: \_\_\_\_\_

**DECEASED:**

Deceased Name:	Age:	Maiden Name:
Address:	City:	State:      Zip Code:
Date of Death:		
Place of Death:		
Date of Birth:		
Place of Birth:		
Relationship of Deceased to Deed Holder:		

**RELATIVES:**

Name of Spouse:
Children:
Father's Name:
Mother's Maiden:

**Informant:**

Name	Informant's relationship to Deceased:
Address	Informant's relationship to Deed Holder:
City:	Phone:
State:      Zip Code	Cell:

**Certificate Holder: Plot Information**

Name (Last, First)			
Section:	Row:	Plot:	Grave:
Perpetual Care paid: ( Y/N)		Deed No.	

**BURIAL/LOT INFORMATION**

Date of Burial	Day of Week:	Location of Service				
Arrival Time		Time of Service				
Deed:      YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(If NO obtain affidavit from office)</i>		<b>Container (Circle)</b>	Casket	C. Vault	S. Vault	Urn
<b>Other Services:</b> (Circle) <b>VIA Plaque</b>		<b>Inscription</b>	<b>Priest</b>			

<b>Funeral Home Name:</b>	<b>Director:</b>
Address	
Phone No.	Fax:      Email:

PRICING:      Interment: M-F \$1700, Sat \$2500 / URN \$650-\$850; Affidavit: \$55; Inscription: \$55; Sat overtime past 12:00- call