

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 OF DECEASED:

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/Cell:
State: Zip Code	eMail:

Certificate Holder: Plot Information

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

BURIAL/LOT INFORMATION

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

Funeral Home	Director:
Address	City, St, Zip
Phone No.	Fax: Email:

PRICING: Interment: M-F \$1900, Sat \$2800 / URN \$750-\$1050; Affidavit: \$60; Inscription: \$60; Sat overtime past 12:00-\$200/Hr