



# SAINT MARY GARDEN COLUMBARIUM

SAINT MARY CEMETERY  
110 NORTH STREET  
RIDGEFIELD, CT 06877  
203-438-3606 OR FAX 203-438-7906

## Columbarium Purchase Price

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### Perimeter & Pillar Niches

Level	Price
A- Magnificat	\$3,550.00
B- Our Lady of the Rosary	\$3,450.00
C- Immaculate Conception	\$3,350.00
D- Mary, Queen of Heaven	\$3,250.00

### Pieta Niches

Level	Price
A- Pieta	\$4,150.00
B- Mother of Our Savior	\$4,050.00
C- Our Risen Lord	\$3,950.00

Niche Dimensions:	H	W	D	Maximum Width Urn for two cremains
Perimeter	11 1/2"	11 1/2"	11 3/4"	5 1/2"
Pieta and Pillar	10 1/2"	10 1/2"	9 3/4"	5"

You may use your own choice of urn or inurn the container from the crematorium, provided it is **not** metal.

## Inurnment Fees

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Opening and closing of columbarium niche ----- \$720.00

## Niche Engraving Fee- (each panel)

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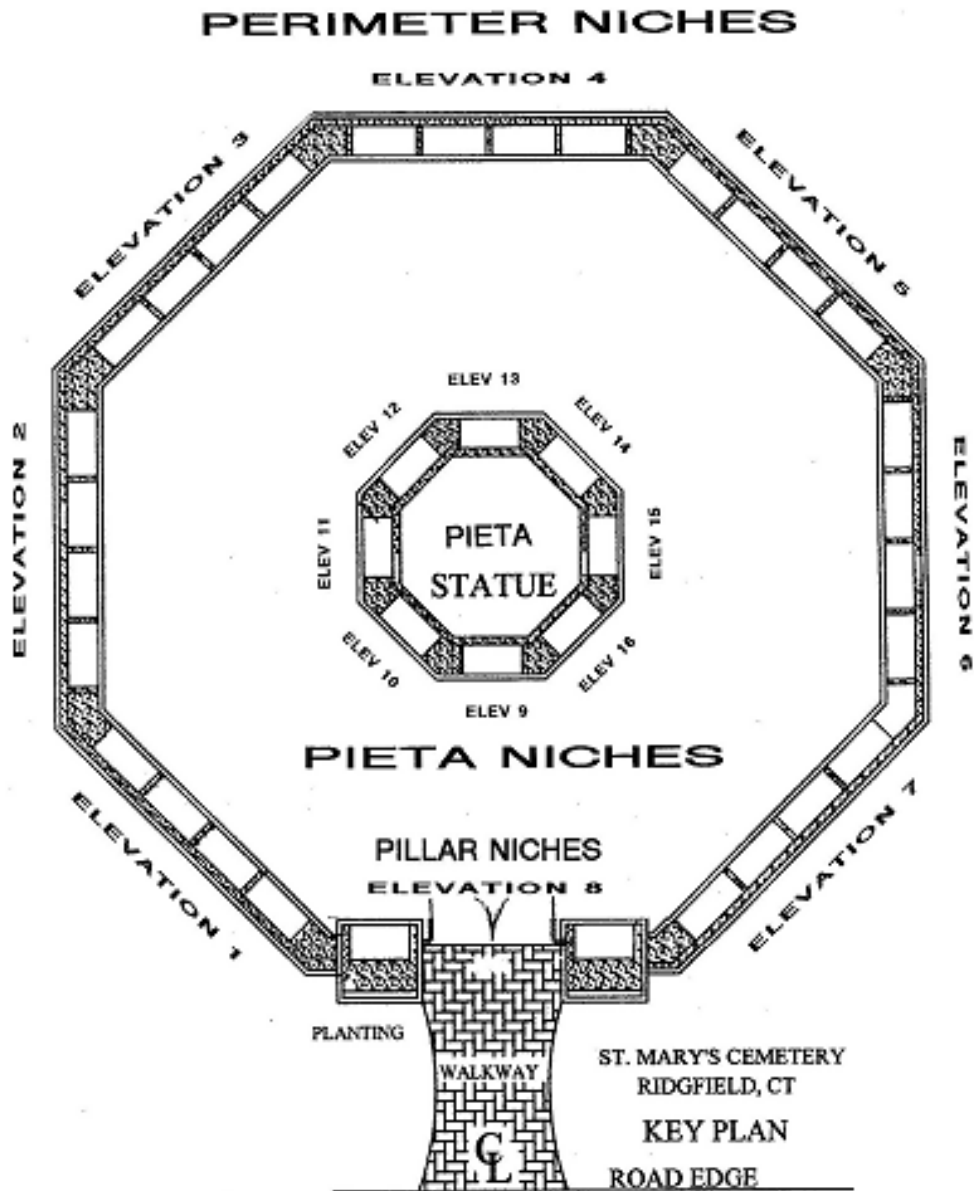
First time ----- \$360.00  
Each additional ----- \$250.00

\*prices are subject to change without notice



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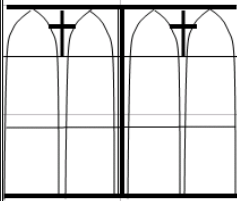
The Key plan and sample elevations follow:





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Perimeter - Elevation 1									
		1	2	3	4	5	6	7	8
Magnificat	<b>A</b>								
Our Lady of the Rosary	<b>B</b>								
Immaculate Conception	<b>C</b>								
Mary, Queen of Heaven	<b>D</b>								
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>

Pillar 8						
		1	2	3	4	
Magnificat	<b>A</b>					<b>A</b>
Our Lady of the Rosary	<b>B</b>					<b>B</b>
Immaculate Conception	<b>C</b>					<b>C</b>
Mary, Queen of Heaven	<b>D</b>					<b>D</b>
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

Pieta - Elevation 10			
		1	2
Pieta	<b>A</b>		
Mother of Our Savior	<b>B</b>		
Our Risen Lord	<b>C</b>		
		<b>1</b>	<b>2</b>



# AUTHORIZATION TO CUT INSCRIPTION

## SAINT MARY GARDEN COLUMBARIUM

SAINT MARY CEMETERY  
110 NORTH STREET  
RIDGEFIELD, CT 06877

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

Section:  Perimeter  Pieta  Pillar Elevation No: \_\_\_\_\_ Niche No: \_\_\_\_\_

Owner(s): \_\_\_\_\_

*By signing below, I hereby authorize Saint Mary Cemetery, Ridgefield, CT to have the following inscription cut on the tablet front of the niche, as identified above, in accordance with its regulations governing inscriptions. I also agree to pay the service fee for the cost of the inscription.*

**PLEASE PRINT EXACTLY AS IT SHOULD BE INSCRIBED**

Cross?  Yes  No

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle\*: \_\_\_\_\_

Year of Birth: \_\_\_\_\_ Year of Death: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle\*: \_\_\_\_\_

Year of Birth: \_\_\_\_\_ Year of Death: \_\_\_\_\_

*\*MAIDEN, MIDDLE NAME OR NICKNAME*

Name: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

email: \_\_\_\_\_

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