

NEW Orders Only**Orders placed between 1/1/23 - 11/30/23****CRYPT & NICHE VASE USE & FLORAL PROGRAM**

NAME ON CERTIFICATE (OWNER): _____

ORDERED BY (YOUR NAME): _____

STREET ADDRESS: _____ TELEPHONE: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF DECEASED: _____ MAUSOLEUM: _____

CORRIDOR: _____ TIER: _____ CRYPT #: _____

EMAIL ADDRESS: _____

VASE USE FEE: VASE TYPE: ☐ CRYPT **\$260.00** ☐ NICHE **\$120.00** (placement lower right)** Side-by-Side Companion Crypt **only**, indicate ☐ left or ☐ right placement.**DATE ORDER PLACED****CRYPT****NICHE**

- **JAN. 1ST – FEB. 28TH** vase installation March 1st \$120.00 \$100.00 (4 seasons – expires **2/29/24**)
- **MAR. 1ST – MAY 31ST** vase installation June 1st \$90.00 \$75.00 (3 seasons – expires **2/29/24**)
- **JUNE 1ST – AUG. 31ST** vase installation Sept. 1st \$60.00 \$50.00 (2 seasons – expires **2/29/24**)
- **SEPT. 1ST – NOV. 30TH** vase installation Dec. 1st \$30.00 \$25.00 (1 season – expires **2/29/24**)

- **Additional ONE YEAR** add: \$120.00 \$100.00 (expires **2/28/25**)*
* 4 seasons in addition to partial year listed above

- **Vase installation requested prior to beginning of next season** add: \$30.00 \$25.00

TOTAL ORDER:

VASE use fee \$ _____

FLORAL order \$ _____

TOTAL DUE \$ _____

Payment by: ☐ Cash☐ Check☐ Credit CardOrder or renew online at www.cclongisland.org

By my signature, I acknowledge that I have read the agreement on the back of this application and understand its contents. I agree to follow all cemetery rules and regulations set forth by this agreement.

Date: _____ Signature: _____

(If **not** signature of original owner, certificate of right of entombment **must** be presented at cemetery office)Make checks payable to **Catholic Cemeteries of Long Island****MAIL or BRING TO APPLICABLE CEMETERY:****CEMETERY OF THE HOLY ROOD**PO BOX 182
WESTBURY, NY 11590-0182
Tel.: 516-334-7990**HOLY SEPULCHRE CEMETERY**3442 ROUTE 112
CORAM, NY 11727
Tel.: 631-732-3460**QUEEN OF ALL SAINTS CEMETERY**115 WHEELER RD
CENTRAL ISLIP, NY 11722
Tel.: 631-234-8297

To process this request:

1. Complete this Form
2. Include Payment
3. If this form is **not signed by the original owner**, the certificate of right of entombment must be presented at the cemetery office.

OFFICE USE (initial when completed)

Certificate presented _____

Plot card checked & marked _____

Deposit date: _____

Deposit by: _____