

Interment Rights Application

Date:			
The Plot is for:			
Last Name:	First Name:	Middle:	
Address			
Home/Cell Phone:	Email		
Date of Birth:	Marital Status: _		
First and Last Name of Spouse:			
First and Last Name of Father:		_Mother:	
Name of Parish currently attending:		City, State	
Name of Parish where Baptized/ Chrismated: Date		Date:	
Selected Space: of Block: Cost: \$			
Purchaser Name:			
Address:			
Home Phone: Ce	ll Phone:	email:	
I have read, understand, and will abide by St. Justin Martyr Orthodox Church Cemetery General Rules and Regulations. A Certificate of Interment Rights will only be issued when paid in full.			
I desire to: Pay in Full Execute Promissory Installment Note (\$500 deposit required, \$50 admin fee)			
You may pay buy cash, check, or credit card. Pay online by visiting: <u>http://orthodoxcemetery.com/</u> and select Make a Payment .			
Name: (Sig	ned) Date:	Witness: <i>(S</i>	igned)

Office Use Only: Amount Paid: \$_____ Date:_____

12460 Old St Augustine Rd., Jacksonville, FL 32258 (904) 880-7671 Updated: August 2022