



Interment Rights Application

Date: _____

The Plot is for:

Last Name: _____ First Name: _____ Middle: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Marital status: _____

First & Last Name of Spouse: _____ *(Include maiden name if applicable)*

First & Last Name of Father: _____ First & Last Name of Mother: _____

Name of Parish currently attending: _____ City, State: _____

Name of Parish where

Baptized/Chrismated: _____ Date: _____ (approximately)

Selected Space: _____ of Block: _____ Cost: \$ _____

Purchaser Name: _____

Address: _____

Home Phone: _____ Cell 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 Note *(\$100 deposit required, \$25 admin fee per annum)*

You may pay by cash, check or credit card.

*Pay online by visiting: <http://orthodoxcemetery.com/> and select **Make a Payment** .*

Name: _____ *(Signed)* Date: _____ Witness: _____ *(Signed)*

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