

APPLICATION FOR DUPLICATE BURIAL/ENTOMBMENT PRIVILEGE FORM

Cemetery _____

Section _____ Range/Tier _____ Lot/Crypt _____ Grave/Space _____

Name on Burial/Entombment Privilege Form to above Plot/Crypt _____

Date Procured _____

If person named on privilege form is deceased, state the names of the surviving husband or widow, and children. (This form is issued only to a surviving spouse or to surviving children, if survivor having prior rights is deceased. Collateral line relationships are not recognized in the issuance of privilege forms.) _____

Relationship of Applicant to Person Named on Privilege Form _____

Having made a diligent search for the Burial/Entombment Privilege Form and been unable to find it; that the same is either lost or destroyed; according to the best of my knowledge, information and belief, that I have never assigned or transferred my interest in said privilege of burial to any person or persons whatsoever.

Signature of Applicant _____

Address _____

State of Pennsylvania

SS:

County of _____

The undersigned being duly sworn says: I am the applicant above named, I have read the foregoing statement and the same is true.

I hereby apply to the Cemetery Authorities for this Duplicate in lieu of the Privilege referred to.

I hereby agree to indemnify said Authorities against any and all claims arising from loss of the said original Burial/Entombment Privilege.

Sworn to before me this _____ day of _____ 19 _____

Applicant _____

Witness _____

Address _____

Notary Public _____

This Duplicate has been recorded in the Cemetery Office and may be used for all purposes of the Burial/Entombment Privilege. If the original is located, this Duplicate is void and must be returned to the Parish Cemetery.

(SEAL)

Director of Cemeteries _____

Date _____