

DIOCESE OF ALLENTOWN  
DIOCESAN CEMETERIES

VERIFICATION FORM FOR NURSING HOMES / MEDICARE / MEDICAID

HOLY SAVIOUR CEMETERY  
857 Langhorne Avenue  
Bethlehem, PA 18018  
Telephone: (610) 866-2372

RESURRECTION CEMETERY  
547 Krocks Road  
Allentown, PA 18106  
Telephone: (610) 395-3819

I \_\_\_\_\_, Superintendent of Cemeteries, do hereby verify  
that \_\_\_\_\_ has / have

a burial space at the Diocesan Cemetery marked above, in:

Section \_\_\_\_\_, Range \_\_\_\_\_, Lot \_\_\_\_\_, Grave \_\_\_\_\_

Building \_\_\_\_\_, Level \_\_\_\_\_, Crypt \_\_\_\_\_, Niche \_\_\_\_\_

Value \$ \_\_\_\_\_

\_\_\_\_\_  
*Superintendent of Cemeteries*

\_\_\_\_\_  
*Date*