

ALLENTOWN DIOCESE CEMETERIES

APPLICATION FOR DUPLICATE BURIAL/ENTOMBMENT PRIVILEGE FORM

____ Holy Saviour Cemetery - ____ Resurrection Cemetery

Plot: Section ____ Range ____ Lot ____ Graves ____

Mausoleum / Columbarium: Building ____ Side ____ Level ____ Crypt/Niche ____

Name or Names on the Burial/Entombment Privilege Form to above Plot/ Crypt/ Niche:

____ Date Procured: _____

If person named on Privilege Form is deceased, state the name of the surviving spouse, 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 the Applicant to the Person Named on the Privilege Form _____

Having made a diligent search for the Burial/Entombment Privilege Form and been unable to find it; that same 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 County of _____ SS: _____

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 before me this _____ Applicant: _____

day of _____ 20 _____ Witness: _____

Address: _____

Notary Public: _____

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

(Seal)

Director of Cemeteries: _____

Date: _____