

**DIOCESE OF ALLENTOWN  
DIOCESAN CEMETERIES**

VERIFICATION FORM FOR NURSING HOMES/MEDICARE/MEDICAID

\_\_\_ HOLY SAVIOUR CEMETERY  
2575 Linden Street  
Bethlehem, Pa 18017  
Phone 610-866-2372

\_\_\_ RESURRECTION CEMETERY  
547 Krocks Road  
Allentown, PA 18106  
Phone 610-395-3819

I, \_\_\_\_\_, Superintendent of Cemeteries do hereby verify that:

Name(s): \_\_\_\_\_ has/have a burial space at the  
Diocesan Cemetery, as marked above, in:

\_\_\_ Graves

Section: \_\_\_\_\_, Range: \_\_\_\_\_, Lot: \_\_\_\_\_,

Graves: \_\_\_\_\_

\_\_\_ Mausoleum/Columbarium

Building: \_\_\_\_\_, Side: \_\_\_\_\_, Level: \_\_\_\_\_,

Crypt: \_\_\_\_\_, Niche: \_\_\_\_\_

**Value:** \$ \_\_\_\_\_

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

\_\_\_\_\_  
Date