



The Catholic Cemetery Association

of the Archdiocese of Boston, Inc.

Prepaid Arrangement Request Form

Date: _____ Cemetery Personnel Initials: _____ Owner ID: _____

Cemetery/Mausoleum: _____ / _____ / _____
Cemetery/Mausoleum City/Town Location of Grave/Crypt

Owner's Name & Address: _____ / _____
Name Address-City/Town-State-Zip

This reflects current pricing. Prices are subject to change without notice.

Quantity	Type of fee	Fee (each)	Total (Qty x fee)	NOTE: Acceptance of all prepaid arrangements is contingent upon confirmation of burial rights by the Records Office. In addition, prepaid fees exclude any overtime charge incurred at the time of a burial. Make check payable to The Catholic Cemetery Association and remit with this form to: 100 Cummings Center, Suite 422G, Beverly, MA 01915
	Interment	x \$	= \$	
	Container	x \$	= \$	
	Extra Burial(s)	x \$	= \$	
Grand Total Prepaid = \$				

Reserved for (name): _____ Relationship to owner: _____ Space being reserved: _____

If request is submitted by a Funeral Director, please complete the following:

Funeral Director Name & Address: _____ / _____
Name Address

Note: Form is in accordance with Chap. 114, Sec. 29, Gen. Law of Mass. 1932 Governing Possession, Care and Control of Lots.

The original owner, or all direct blood heir(s) to the burial rights of the above described location, must sign this form. A form not signed by the owner or all heirs will be returned to the person(s) submitting this request. Please use the back of this form if more signature space is needed. ***HEIRS SIGN ONLY IF OWNER IS DECEASED**

_____/_____
 Signature of Owner Date

_____/_____/_____
 Signature of Heir Relationship to Owner Date

_____/_____/_____
 Signature of Heir Relationship to Owner Date

_____/_____/_____
 Signature of Heir Relationship to Owner Date

FORM MUST BE NOTARIZED

Sworn before me _____ Day of _____

Notary Public _____

My commission expires _____

PPI Rev. 101513