REQUEST FOR INFORMATION ON
St. AGNES CEMETERY INTERMENT
LISTED IN CEMETERY BOOK 3

I would like to request information on the interment listed below. Cemetery staff will provide the information show below and mail the results to you.

Book 3 – Page Number: _____

Last Name: _____ First Name:_____

Age: _____ Date of Death: _____

Name & Address of Requester: _____

_____

_____

1. Send check for **$5.00** made payable to **Albany Diocesan Cemeteries.**
2. Enclose a self-addressed, legal size stamped envelope with request.
3. Mail Request Form, check and self addressed envelope to:

Albany Diocesan Cemeteries
48 Cemetery Avenue
Menands, NY 12204-2401

BELOW INFORMATION PROVIDED BY CEMETERY IF AVAILABLE

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1. Place of Birth: _____ **2. Place of Death:_____**

3. Residence: _____ **4. Interment Date:_____**

5. In whose lot interred:_____

6. Lot #: _____ **7. Section #: _____**