

**REQUEST FOR INFORMATION ON
St. AGNES CEMETERY INTERMENT
LISTED IN CEMETERY BOOK 2**

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 2 – 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

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

3. Residence: _____ 4. Interment Date: _____

5. In whose lot interred: _____ 6. Lot #: _____

7. Section #: _____ 8. Undertaker: _____