

**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

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

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

5. In whose lot interred: _____

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