

**REQUEST FOR INFORMATION ON
St. AGNES CEMETERY INTERMENT
LISTED IN CEMETERY BOOK 1**

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 1 – 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: _____