

I, _____, residing at _____,
(Please PRINT)

do hereby state that **I am the closest surviving relative of** _____,
who died in the September 11th disaster. I hereby give permission for his/her name to be
inscribed on the **September 11th Memorial** to be erected in Holy Rood Cemetery, Westbury,
New York.

I request that the name be inscribed as listed below.

*(Please **PRINT** clearly. Inscriptions will be limited to first, middle and last name,
and occupation (optional).*

_____ **First** _____ **Middle** (Name or Initial) _____ **Last**

Occupation (optional): _____
(Example: Firefighter, Bond Trader, Carpenter, Administrator)

I hereby agree to indemnify and hold the Roman Catholic Diocese of Rockville Centre,
its officers, agents, employees or sub-contractors harmless against any and all claims,
actions or litigation arising now or in the future from inscribing this name on the memorial.

Date: _____ **Telephone No.** _____

Signature: _____

Relationship to the deceased: _____

If the deceased is interred in one of the Diocesan Cemeteries, please indicate the location below:

Holy Rood Cemetery Holy Sepulchre Cemetery Queen of All Saints Cemetery

Section _____, Range _____, Plot No. _____

Please return completed form, **signed by next of kin**, as soon as possible to:

Mrs. Ann Andersen
Catholic Cemeteries
PO Box 182
Westbury NY 11590-0182