

APPLICATION FOR ISSUANCE OF DUPLICATE CERTIFICATE (LOTS)

HOLY ROOD CEMETERY * HOLY SEPULCHRE CEMETERY * QUEEN OF ALL SAINTS CEMETERY

All information must be provided before Certificate can be issued.

Plot Location: Section _____ Range _____ Lot _____

Name of Cemetery: _____ Holy Rood Cemetery, Westbury NY _____

Name on Certificate: _____ Purchase Date: _____

If person named on Certificate is deceased, list names of the surviving spouse and **all** children. Other next of kin not entitled to the duplicate certificate may utilize the cemetery affidavit system for all monument and burial work:

Name:	Relationship to original owner:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of person applying for Duplicate Certificate and relationship to original owner: _____

Name of last person interred and date of interment : _____

State all facts relating to loss or destruction of Certificate: _____

Duplicate Certificate is issued only on condition that the statements contained in this affidavit are true in every particular and that no original or duplicate certificate previously issued now exists. If an error or mis-statement has been made in this affidavit or a previously issued certificate is found, the duplicate shall be null and void, and will be cancelled upon presentation to the cemetery office. Only one certificate may be in circulation at any time.

I / we have read the foregoing application and affirm the truth of the statements contained therein and hereby consent to the issuance of the Duplicate Certificate. (Must be signed by **all** survivors of original Certificate owner.)

_____ Residing at ____	_____
_____ Residing at ____	_____
_____ Residing at ____	_____
_____ Residing at ____	_____
_____ Residing at ____	_____
_____ Residing at ____	_____

State of _____)
 :ss
County of _____)

_____ being duly sworn says: I am the applicant above named, and I have read the foregoing statement and attest to its truth.

I agree to reimburse the Diocese of Rockville Centre and Catholic Cemeteries for any damages sustained and to indemnify and hold the Diocese and the Catholic Cemeteries of the Diocese of Rockville Centre harmless from and against any and all claims, actions, litigation and liabilities, including attorneys fees, arising now or in the future as a result of issuance of a duplicate certificate.

Signature of Applicant: _____

Address: _____

Telephone: _____

A fee of \$ 50. 00 will be collected for issuance of a Duplicate Certificate. Please return this document to the cemetery office along with check payable to **CATHOLIC CEMETERIES.**

Sworn to before me this _____ day
of _____ 200____.

---- over ----

Notary Public

Office use
Checked by: _____
Approved: _____
Date: _____

*Before submitting this application, conduct a diligent search for the certificate. Cemetery management may at their discretion, require additional written documentation as evidence. Such documents provided (where applicable) include a recent letter from: the last known certificate holder, funeral home, and monument dealer verifying that the original certificate document is not in their possession. **2 of 2***