

Eastport Cemetery Association

21 Tuttle Avenue, Eastport, NY 11941

Phone: (631) 484-4396 Email: eastportcemetery@gmail.com

Cemetery Plot Purchase Form

Purchaser's Information: For Self - Relative - *Specify Relationship* _____

Name: _____
Last Name First Name Middle Name Maiden Name

Mailing Address: _____
Street City State Zip

Phone Number (____) _____ Email: _____

Number of Plots Needed: _____

Plot of Reserved For: *(if more than one, please use back of page)*

_____ Last Name First Name Middle Name Maiden Name

Date of Birth: ____/____/____ Place of Birth: _____

Date of Death: ____/____/____ Place of Death: _____

Veteran: Yes - No - If yes, what Branch: _____

To be buried next to: _____

Genealogy Information:

Spouse: _____

Siblings: _____

Father's Name: _____

Mother's Name (maiden): _____

Children: _____

Signature: _____ Date: _____

(For Official Use Only) Purchase Price: _____

Section: _____ Plot: _____ Lot: _____ Date of Purchase: ____/____/____

Section: _____ Plot: _____ Lot: _____ Date of Purchase: ____/____/____

Plot of Reserved For: *(if more than one, please use back of page)*

Last Name	First Name	Middle Name	Maiden Name
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Date of Birth: ____/____/____ Place of Birth: _____
Date of Death: ____/____/____ Place of Death: _____

Veteran: Yes - [] No - [] If yes, what Branch: _____

To be buried next to: _____

Plot of Reserved For: *(if more than one, please use back of page)*

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