

**Elmlawn Cemetery
Mausoleum Vase and Floral Bouquet
Agreement and Order Form**



Print, fill out and mail with payment to:
Elmlawn Cemetery
3939 Delaware Ave
Kenmore, NY 14217

Name: _____ Date: _____

Address: _____ Phone: _____

Name on Crypt/Niche: _____

Location: _____

(1) Bronze Vase (one time charge)

Niche Vase \$125
Crypt Vase \$195

\$ _____

(2) Floral Bouquet

<i>1st Placement Starting</i>	<i>Crypts</i>	<i>Niches</i>
December 1 st (1 season*)	\$25	\$15
March 1 st (4 seasons)	\$100	\$60
June 1 st (3 seasons*)	\$75	\$45
September 1 st (2 seasons*)	\$50	\$30

\$ _____

**There after, you will be billed each January for the full year.*

Total Cost: \$ _____

Date Paid: _____

By my signature, I acknowledge that I have read this agreement and understand its contents. I agree to follow all the rules and regulations set by Elmlawn Cemetery.

Signature: _____

Date: _____