

Ascension Chapel Mausoleum

Ascension Cemetery

650 Saddle River Road

Airmont, NY 10952

Phone: 845-352-7720

Name: _____

Date: _____

Address: _____

In compliance with our GARDEN CRYPT MAUSOLEUM/COLUMBARIUM regulations, the INSCRIPTION indicated below will be cut on the granite cover of the crypt designated as:

MAUSOLEUM/COLUMBARIUM

GARDEN/BANK

CRYPT/NICHE

FIRST NAME

MIDDLE INITIAL ONLY

LAST NAME

YEAR OF BIRTH

YEAR OF DEATH

If NAME and DATES are correct, please SIGN and RETURN a copy to the cemetery.

Signature

ASCENSION CEMETERY

Per _____