

St. Ann Cemetery Burial Record

please return completed form to: St. Ann Church, 134 Main St., Lenox, MA 01240

Section _____ Grave # _____ # of plots owned _____

Contact Info:

Your Name: _____

Your Mailing Address: _____

Cell Phone: _____ Home Phone: _____ Best time to reach you _____

Are you the current contact name and phone number responsible for this grave? ____yes ____no

If not, please provide us with whom you think that name, address and phone number should be.

Name _____ Phone _____

Address _____

Family name of *original* purchaser of grave(s) _____

Please list the names and birth and death dates of all of your family members known to be buried at St. Ann Cemetery:

	<u>NAME</u>	<u>Date of Birth</u>	<u>Date of Death</u>	<u>Other Info.</u>
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1. _____

2. _____

3. _____

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11. _____

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13. _____

14. _____