

Funeral Fax Confirmation

Cemetery (Circle One): Maimonides Elmont Cemetery
 Maimonides Brooklyn Cemetery
 Mt. Hope Cemetery

Name of Deceased: _____

Date and Time of Funeral: _____

Lot Number/Section: _____

Grave Number: _____

Casket size: _____

Amount of check: _____

Signature of Funeral Director: _____

Funeral Director Print Name _____

**Please put this on your letterhead, fill in all the information
and fax it back to us at (516) 437-6580.**