Latvian Memorial Park Cemetery

Office: PO Box 8, 82 Rota Road, Elka Park, NY 12427 Tel.: (518) 589-5597 info@latvianmemorialpark.org

Niche/Plot Reservation Form

Full Name - name of re	egistrant			
Street Address				
City	S	tate/Province	Zip/Postal Code	
Telephone Number			Email Address	
•	nust be submitted with niche space – \$730	ŕ	and space – \$730	
☐ In-gr	☐ In-ground plot – \$1050 ☐ Memorial plaque – \$275		blaque – \$275	
	-	parately at time of inume. Preliminary infor	rnment or burial. mation for memorial engraving:	
Last Name	First Name	Middle Name)	(Maiden Name)	
Date of Birth (Day/Month/Year)			Location	
Date of Death (if applicable – Day/Month/Year)			Location	
Other information of ne	ote or text for plaque / sto	ne (Doctor, Military Rank	r, Fraternity/Sorority, friendship, etc.)	
Notes/Requests:				

Signature Date