



**Deep River Congregational Church**  
 P.O. Box 246, Deep River, CT 06417  
 860-526-5045

**Application for Burial Rights Certificate**  
**Congregational Church Cemetery – Essex Street – Memorial Garden**

*This application is to purchase a plot in DRCC’s Memorial Garden for the interment of ashes.*

Burial plots are 18 inches x 18 inches and can accommodate one or two interments.  
 The cost of a plot for one interment is \$300. The cost for two interments is \$400.

I wish to purchase a plot for (*check one*): \_\_\_ one interment (\$300) or \_\_\_ two interments (\$400)

There is a \$100 fee per interment. Prepayment with this application will hold the cost at the current rate, regardless of future increases: \_\_\_ one interment (\$100) \_\_\_ two interments (\$200)

The cost of each name marker to be placed on the memorial plaque is \$250 per interment.  
 Prepayment with the application will hold the cost at the current rate, regardless of future increases.

| Burial Rights Certificate   | One (1) interment | Two (2) interments |
|---|-------------------|--------------------|
| Plot purchase   | \$300             | \$400              |
| Interment fee   | \$100             | \$200              |
| Memorial plaque name marker   | \$250             | \$500              |
| <b>Total Amount Due:</b>  |                   |                    |
| Check should be payable to: Deep River Congregational Church<br><b>What is the Total Amount you are paying with this application?</b> _____ |                   |                    |

**Please indicate the name(s) to be placed on the plaque.** Note: Only the years of birth and death are put on the marker. To indicate “Veteran,” a star is placed between the year dates.

Name: \_\_\_\_\_ Veteran? Circle: yes *or* no  
 (Maximum # of letters for name is 22)

Date of birth: \_\_\_\_\_ Date of death (if already deceased): \_\_\_\_\_

**If a double plot is purchased, please indicate the second name:**

Name: \_\_\_\_\_ Veteran? Circle: yes *or* no  
 (Maximum # of letters for name is 22)

Date of birth: \_\_\_\_\_ Date of death (if already deceased): \_\_\_\_\_

If already deceased, please provide information for our church records. A copy of the obituary is helpful and placed in the Memorial Book, which is maintained by the DRCC Cemetery Committee. Arrangements for burial are made with the Church Office. The Cemetery Committee is then notified.

Applicant Signature: I have read the Rules and Regulations pertaining to the Memorial Garden. The Burial Rights Certificate should be issued in the name of: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_