

**Elmlawn Cemetery  
Mausoleum Vase and Floral Bouquet  
Agreement and Order Form**



Print, fill out and mail with payment to:  
Elmlawn Cemetery  
3939 Delaware Ave  
Kenmore, NY 14217

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Name on Crypt/Niche: \_\_\_\_\_

Location: \_\_\_\_\_

(1) Bronze Vase (one time charge)

Niche Vase \$125  
Crypt Vase \$195

\$ \_\_\_\_\_

(2) Floral Bouquet

<i>1<sup>st</sup> Placement Starting</i>	<i>Crypts</i>	<i>Niches</i>
December 1 <sup>st</sup> (1 season*)	\$25	\$15
March 1 <sup>st</sup> (4 seasons)	\$100	\$60
June 1 <sup>st</sup> (3 seasons*)	\$75	\$45
September 1 <sup>st</sup> (2 seasons*)	\$50	\$30

\$ \_\_\_\_\_

*\*There after, you will be billed each January for the full year.*

Total Cost: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

By my signature, I acknowledge that I have read this agreement and understand its contents. I agree to follow all the rules and regulations set by Elmlawn Cemetery.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_