

**To Request Perpetual Care, submit the form below, with your check or money order for \$300.00.  
Be sure to include your return address so we can contact you with further details.**



## Perpetual Care Agreement



**TO: SPRINGFIELD L.I. CEMETERY SOCIETY**

My down payment of \$300.00 to establish a Perpetual Care Trust is enclosed.

*[I understand that the grave(s)/plot(s) will be examined to determine its condition and additional charges may be required where renovation is indicated.]*

Please bill me \$300.00 by the 10<sup>th</sup> of each month for 11 consecutive months for a total of \$3,600.00. Then send me a fully paid Perpetual Care Agreement setting forth that the Cemetery will invest this sum in accordance with the laws of the State of New York and will use the income arising therefrom; to the extent the income will permit, to care for the grave.

I understand that if I fail to pay any one of the installments within sixty (60) days of the date due, the agreement to deliver a Perpetual Care Agreement shall cease and the amount paid shall be applied to annual care of graves at the prices established therefore.

**NAME OF DECEASED**

**YOUR SIGNATURE**

**DATE**

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*Price effective until December 31, 2022*

*Springfield L.I. Cemetery Society ("Old  
Montefiore") PO Box 120098, St. Albans, NY 11412  
718-528-1700*

