

St. Stanislaus Catholic Church
1511 Hwy 90 South
Anderson, Texas 77830
(936) 873-2291

Cemetery Reservation Form

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ - _____

Email _____

Are you a registered Parishioner? _____ Yes _____ No

I want to reserve _____ space(s) at \$ _____ per space.

Total Amount Paid \$ _____ Receipt # _____

Check # _____ or _____ Cash Paid in Full _____ Yes _____ No

Name _____ Section _____ Row _____ Space _____

Name _____ Section _____ Row _____ Space _____

Name _____ Section _____ Row _____ Space _____

Name _____ Section _____ Row _____ Space _____

Name _____ Section _____ Row _____ Space _____

Name _____ Section _____ Row _____ Space _____

_____ I have received a copy of the Cemetery Rules and Regulations.

Signature of Purchaser

Date

Signature of Church Pastor

Date

A copy of this form will be kept on file at the church.