

Moravian Cemetery

2205 Richmond Road
Staten Island, NY 10306
718-351-0136

Crypt and Niche Vase Use and Floral Program

Mausoleum Vase and Floral Bouquet Agreement

It is agreed that Moravian Cemetery will supply and install artificial silk floral arrangements to be placed in a mausoleum vase located on the individual crypt or niche shutter as detailed below.

THERE WILL BE A ONE-TIME FEE FOR PERPETUAL USE OF THE BRONZE MAUSOLEUM VASE.

The fee for the leasing of the crypt or niche vase will be: \$200.00

This fee includes installation and maintenance of the vase, vases are leased not purchased.

Floral arrangements* will be supplied and placed at four (4) separate times during the year as follows:

<u>Winter</u>	<i>December 1 to February 28</i>	<u>Spring</u>	<i>March 1 to May 31</i>
<u>Summer</u>	<i>June 1 to August 31</i>	<u>Fall</u>	<i>September 1 to November 30</i>

Although we all wish to see the new flower arrangements completed on the first day of the season, the cemetery reserves the right to take up to 14 days at the start of each season to fully change floral arrangements throughout all the cemetery mausoleums.

All floral arrangements* will be selected by Moravian Cemetery. The cemetery reserves the right to substitute a floral piece of similar style due to stock shortage, discontinued product or unavailable floral supplies. The selection will reflect the seasonal changes throughout the year. Any floral arrangement that the family may wish to keep should be picked up two (2) days prior to the season ending date. A new series of arrangements will be introduced each year.

The cost of the placement of four (4) seasonal floral arrangements will be \$200.00 starting on December 1st. The cost of each program includes: floral arrangement, installation, removal, maintenance and administrative expenses. Floral costs are subject to change each year.

A notice will go out each November as a reminder of renewal along with new billing and information on updates or changes to the program, including floral arrangement type changes.

Vases are installed on the lower right corner of a crypt or niche front.

Please note: 1). Vases governed by the program are not for sale. 2). Moravian Cemetery reserves the right to determine floral type and vase location, placement and prices. 3). Nothing shall be affixed or attached to the vase. Failing to comply will result in a breach of contract.

**Color and design may vary.*

MORAVIAN CEMETERY CRYPT AND NICHE VASE USE AND FLORAL AGREEMENT

NAME OF DEED HOLDER: _____

ORDERED BY (YOUR NAME): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

TELEPHONE: _____ CELL: _____

NAME OF DECEASED: _____

MAUSOLEUM: _____ CRYPT/NICHE #: _____

RELATIONSHIP TO DECEASED _____

EMAIL: _____

VASE USE FEE: CRYPT \$200.00 NICHE \$200.00
PLACEMENT: LOWER RIGHT ON SINGLE, TANDEM AND WEST 2 AND WEST 4 CRYPTS
PLACEMENT: LOWER CENTER ON SIDE BY SIDE CRYPTS

DATE ORDER PLACED

SEPT. 1ST – NOV. 30TH vase installation Dec. 1ST

DEC. 1ST – FEB. 28TH vase installation March 1ST

MARCH 1ST – MAY 31ST vase installation June 1ST

JUNE 1ST – AUG. 31ST vase installation Sept. 1ST

VASE ORDER: \$ _____

FLORAL ORDER: \$ _____

TOTAL DUE \$ _____

Payment by: Cash Check

Please make checks payable to Moravian Cemetery and MAIL or BRING TO APPLICATION CEMETERY.

By my signature, I acknowledge that I have read this agreement and understand the need to adhere to the conditions set forth by Moravian Cemetery. Furthermore, I am aware that failure to comply will result in a breach of contract meaning the vase will be removed and the program will cease. Furthermore, as a result in a breach of contract, I understand that all monies paid up to that point will be retained by Moravian Cemetery.

Date: _____

Signature of Deed Holder/Next of Kin: _____

To process this request:

1. Complete Form
2. Include Payment
3. If this form is not signed by the original owner, the deed showing right of entombment must be presented to the cemetery office. (Please contact the cemetery office for assistance.)

OFFICE USE:
DEED PRESENTED _____
ADDRESS CARD CHECKED AND MARKED _____ **DATE OF RECEIPT OF PAYMENT** _____