



Newtown Monthly Meeting of the Religious Society of Friends
PO Box 224
Newtown, Pennsylvania 18940

BURIAL GROUND RESERVATION FORM

Primary Contact information

Name _____

Address _____

Phone _____ mobile landline (circle one)

Email _____

Meeting member: yes no (circle one)

Date of Birth _____

Parent's names (including maiden name)

Secondary Contact information

Name _____

Address _____

Phone _____ mobile landline (circle one)

Email _____

Meeting member: yes no (circle one)

Date of Birth _____

Parent's names

Executor Contact Information

Name _____

Relationship _____

Address _____

Phone _____ mobile landline (circle one)

Email _____

Reservation Information

Section _____

Plot(s) _____

Contribution _____ \$375 half size \$750 Full Size \$750 Vintage (circle one)

Date received _____ Check # _____

Checks should be made payable to Newtown Monthly Meeting and sent to the above address Attn: Burial Ground Liaisons. By signing this agreement you acknowledge that you have received a copy of the Burial Grounds Regulations and Policies and agree to abide by them.

Signature of applicant

Date

Meeting representative

Date