

*To Request Perpetual Care, submit the form below, with your check or money order for \$580.00.
Be sure to include your return address so we can contact you with further details.*



Perpetual Care Agreement

TO: WELLWOOD CEMETERY

My down payment of \$580.00 to establish a Perpetual Care Trust is enclosed.

Please bill me \$580.00 in four (4) quarterly installments for a total of \$2,900.00 (including the down payment of \$580.00). 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 _____

Price effective until December 31, 2019



Wellwood Cemetery Corp
PO Box 340, Farmingdale NY 11735
631-249-2300

PLEASE NOTE: IF THE GRAVE CURRENTLY HAS NO PLANTING, PLEASE COMPLETE THE PLANTING FORM LOCATED ON THE PREVIOUS PAGE. THIS FORM WILL NOT BE PROCESSED WITHOUT A COMPLETED PLANTING FORM IN THIS INSTANCE.