To Request Perpetual Care, submit the form below, with your check or money order for \$600.00. Be sure to include your return address so we can contact you with further details.

	Perpetual Care Agreement
TO: WE	LLWOOD CEMETERY
My do	wn payment of \$600.00 to establish a Perpetual Care Trust is enclosed.
\$3,600.0 Perpetua accordai	ll me \$250 in twelve (12) monthly installments for a total of 0 (including the down payment of \$600.00). Then send me a fully paid l Care Agreement setting forth that the Cemetery will invest this sum in ce with the laws of the State of New York and will use the income herefrom; to the extent the income will permit, to care for the grave.
of the da and the	and that if I fail to pay any one of the installments within sixty (60) days te due, the agreement to deliver a Perpetual Care Agreement shall cease mount paid shall be applied to annual care of graves at the prices ed therefore.
NAME (DF DECEASED
YOUR S	IGNATURE
DATE _	
	PHONE NUMBER
	Price effective until December 31, 2023 Wellwood Cemetery Corp
2	PO Box 340, Farmingdale NY 11735
	631-249-2290

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.