

PO Box 28 Middle Village, NY 11379 (718) 821 – 9700

Request For Information

Date of Request:		
Your Name:		
Your Address:		
City:	State:	Zip:
Phone Number:	Email:	
Name of the Deceased:		
		_
Date of Death (If Known):		
Date of Cremation (If Known):		

Please fill out the above information on this form and mail the form to the above address. Please Include a stamped self-addressed envelope along with a check of **\$46.00** made out to

Fresh Pond Crematory and Columbarium

The Fresh Pond Crematory and Columbarium does not represent or warrant genealogical information as accurate or correct though we believed this information to be accurate and correct when we received it. All information provided reflects the records on file at the Crematory office, which has been provided to it by third-party sources, i.e., family relatives, friends, funeral directors, etc.