



SAINT MARY GARDEN COLUMBARIUM

SAINT MARY CEMETERY
110 NORTH STREET
RIDGEFIELD, CT 06877
203-438-3606

Columbarium Purchase Price

Perimeter & Pillar Niches

Level	Price
A- Magnificat	SOLD OUT
B- Our Lady of the Rosary	\$4,000.
C- Immaculate Conception	\$3,900.
D- Mary, Queen of Heaven	\$3,800.

Pieta Niches

Level	Price
A- Pieta	SOLD OUT
B- Mother of Our Savior	SOLD OUT
C- Our Risen Lord	\$4,600.

Niche Dimensions:	H	W	D	Maximum Width Urn for two cremains
Perimeter	11 1/2"	11 1/2"	11 3/4"	5 1/2"
Pieta and Pillar	10 1/2"	10 1/2"	9 3/4"	5"

You may use your own choice of urn or inurn the container from the crematorium, provided it is **not** metal.

Inurnment Fees

Opening and closing of columbarium niche -----	\$875.00
*Winter fee (Dec, Jan, Feb, Mar) -----	\$505.00

Niche Engraving Fee- (each panel)

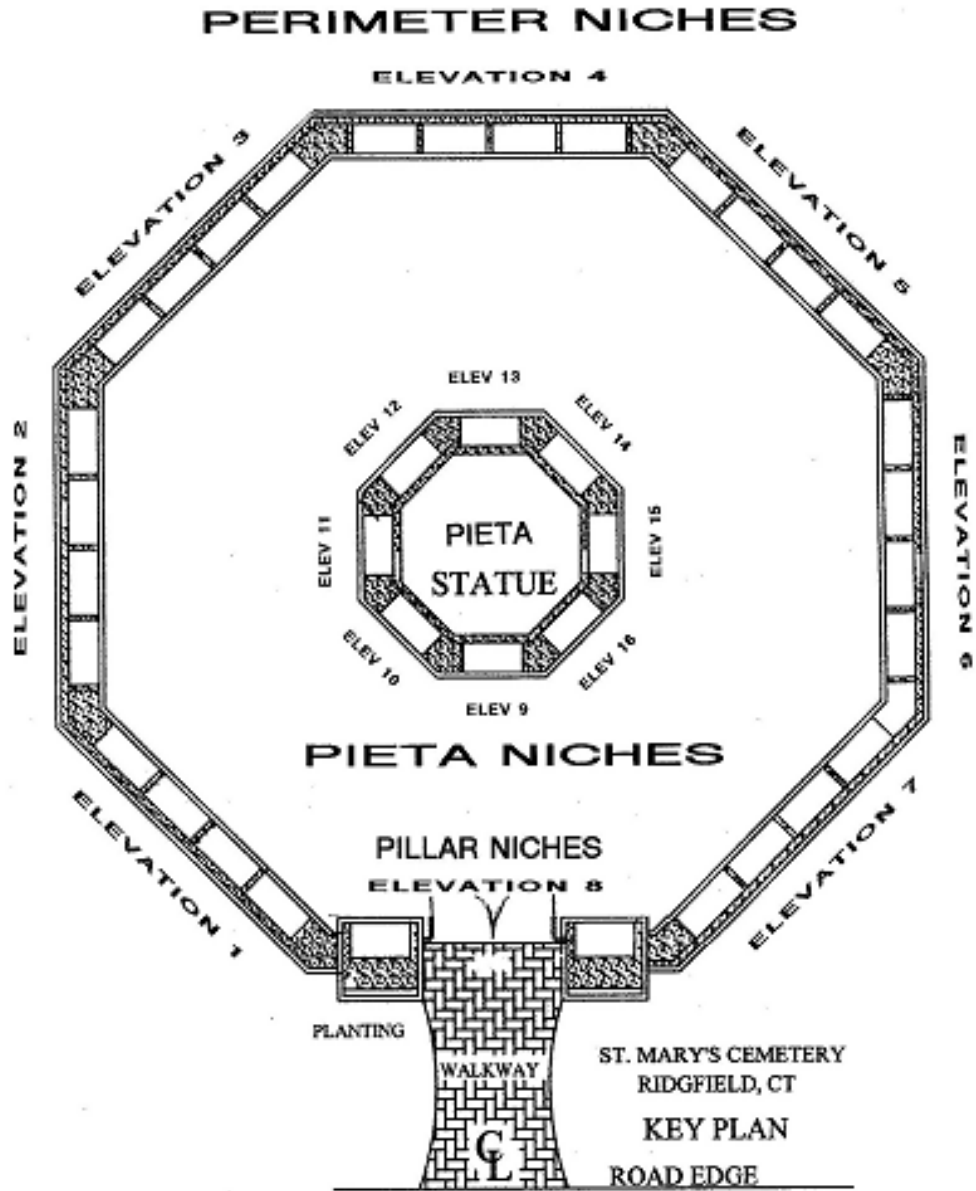
First time -----	\$430.00
Each additional -----	\$300.00

*prices are subject to change without notice



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The Key plan and sample elevations follow:





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Perimeter - Elevation 1									
		1	2	3	4	5	6	7	8
Magnificat	A								
Our Lady of the Rosary	B								
Immaculate Conception	C								
Mary, Queen of Heaven	D								
		1	2	3	4	5	6	7	8

Pillar 8						
		1	2	3	4	
Magnificat	A					A
Our Lady of the Rosary	B					B
Immaculate Conception	C					C
Mary, Queen of Heaven	D					D
		1	2	3	4	

Pieta - Elevation 10			
		1	2
Pieta	A		
Mother of Our Savior	B		
Our Risen Lord	C		
		1	2



AUTHORIZATION TO CUT INSCRIPTION SAINT MARY GARDEN COLUMBARIUM

SAINT MARY CEMETERY
110 NORTH STREET
RIDGEFIELD, CT 06877

Date: _____

Section: Perimeter Pieta Pillar Elevation No: _____ Niche No: _____

Owner(s): _____

By signing below, I hereby authorize Saint Mary Cemetery, Ridgefield, CT to have the following inscription cut on the tablet front of the niche, as identified above, in accordance with its regulations governing inscriptions. I also agree to pay the service fee for the cost of the inscription.

PLEASE PRINT EXACTLY AS IT SHOULD BE INSCRIBED

Cross? Yes No

Family Name: _____

First Name: _____ Middle*: _____

Year of Birth: _____ Year of Death: _____

First Name: _____ Middle*: _____

Year of Birth: _____ Year of Death: _____

**MAIDEN, MIDDLE NAME OR NICKNAME*

Name: _____ Relationship to Owner: _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

email: _____

Signature: _____ Date: _____