

## ASSOCIATED CATHOLIC CEMETERIES — ARCHDIOCESE OF SEATTLE

**Calvary Cemetery**  
5041 35th Ave. NE  
Seattle, WA 98105  
(206) 522-0996

**Holyrood Cemetery**  
205 NE 205th St.  
Shoreline, WA 98155  
(206) 363-8404

**Gethsemane Cemetery**  
37600 Pacific Hwy. S.  
Federal Way, WA 98003  
Seattle: (253) 838-2240  
Tacoma: (253) 927-3350

**St. Patrick Cemetery**  
S. 204th and Orillia Rd.  
Kent, WA 98032 - Admin.  
by Gethsemane Cemetery  
(253) 838-2240

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### Request for Genealogical Information

Please assist me in my search for information on relatives interred in your cemetery. I am particularly interested in the person(s) whose name(s) is listed below. I have included possible alternate spellings, maiden name or other married names, and nicknames. To help you in your research, I have also completed this form to the best of my knowledge.

Complete Name of the Deceased \_\_\_\_\_

Burial Location –

Grave/CryptNiche \_\_\_\_\_ Lot/Unit \_\_\_\_\_ Section/Building \_\_\_\_\_

Date/Place of Birth \_\_\_\_\_

Date/Place of Death \_\_\_\_\_

Names of other relatives in the same lot: \_\_\_\_\_

Property Owner (Person who originally purchased the burial space) \_\_\_\_\_

Purchase Agreements (PO#s and dates) \_\_\_\_\_

My relationship to the deceased is \_\_\_\_\_

I realize that it is my responsibility to present to the Cemetery any and all documents which may be needed to establish my right to any information customarily considered confidential and protected by privacy laws. I agree to hold the Cemetery harmless from any liability arising from this inquiry. I further understand research is time consuming and that you must attend to the Cemetery's daily operations. So, while I would prefer to have your response as quickly as possible, I will allow *six weeks* for delivery. To cover administrative costs, I have enclosed the non-refundable fee of \$15.00 *per name* (US funds only) for each person that I am asking you to research.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE:	PIN _____
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Amount Paid _____	
Date of Receipt _____	
Page _____ of _____	P.O.# _____