

**Congregational Church of New Fairfield  
United Church of Christ**

20 Gillotti Road  
New Fairfield, CT 06812  
(203) 746-2865  
[office@ccnf-ucc.org](mailto:office@ccnf-ucc.org)

**Request for Interment & Plaque  
(March 2026)**

This form must be received by the Church before an interment can be scheduled. Pastor Yoho or her designee will contact you to discuss this request and confirm an interment date.

The cost of the plaque is \$240 and the fee for the mason is \$75. A check for \$315 should be made out to CCNF-Memorial Wall, and returned with this form.

**The decedent's information will be printed on the niche plaque. Please check it for accuracy.**

**PERMITTEE'S INFORMATION** (i.e. person making the request):

Name of Permittee: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_

Preferred email address: \_\_\_\_\_

Requested date of interment: \_\_\_\_\_

**DECEDENT'S INFORMATION:**

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Veteran:    YES            NO    (circle one)

Permittee's signature confirms accuracy: \_\_\_\_\_

**Note any special request/concern:**