

**GENEALOGY RESEARCH AT ST. MICHAEL CEMETERY**

A fee of \$25.00 per lot request is required.

Please fill in the form below. Fields marked with \* are required.

Lot owner name if known \_\_\_\_\_

Name of deceased \* \_\_\_\_\_

Date of death \* \_\_\_\_\_  
Month Day Year

Where information should be sent:

First name \* \_\_\_\_\_

Last name\* \_\_\_\_\_

Street\* \_\_\_\_\_

City\* \_\_\_\_\_

State/Province \* \_\_\_\_\_

Zip Code \* \_\_\_\_\_

Comment/ Question:

Payments mailed to St. Michael Cemetery, 20 High Street, Hudson, MA 01749