

Fresh Pond Crematory and Columbarium

61 40 Mount Olivet Crescent
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: _____

Case ID: _____

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 \$36 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 is a reflection of 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.