

# The Memorial Wall at Mount Hebron Cemetery

The loss of a loved one leaves a unique emptiness, and while we can't fill that void, we offer a beautiful way to honor their memory.

# In Memory of Your Loved Ones - Our New Memorial Wall

Names can be inscribed here as a permanent tribute, no matter where they were laid to rest —whether at Mount Hebron, elsewhere, or from times like the Holocaust or military service.

## **Tradition Lives On**

Standing before the Memorial Wall is our historic Bell, which once tolled for every burial for 50 years. Though silent for many years, it now stands as a symbol of the past and the heart of our Memorial Wall.

#### Visit Us

Located at the cemetery entrance, the Memorial Wall is crafted from solid Barre granite – impressive and timeless, designed to last forever.

# Memorial Wall Inscription Information Three forms of inscriptions are available:

STANDARD
Name of Deceased
Year of Birth & Death

## **HOLOCAUST**

Name of Deceased Year & Place of Death **MILITARY\*** 

Name of Deceased Date & Place of Death

For military inscriptions, please indicate "Killed in Action" or "Missing in Action" if the place of death is unknown. To have your loved one's name permanently inscribed, complete the order form and send it with a \$400 check, payable to *Cedar Grove Cemetery Ass'n. Permanent Maintenance Fund*. This contribution supports the cemetery's upkeep and is tax-deductible under IRS code section 170(c)(5).

Inscriptions will be added within approximately six weeks of payment, and you will be notified once completed. Additional memorialization options are available at higher costs. For more information, please contact us.

We regret if this brochure reaches you during a difficult time, as that was not our intention.

**MOUNT HEBRON CEMETERY** has Family Plots, Companion Plots, and Single Graves available, and is conveniently located at the intersection of the Long Island Expressway and College Point Blvd. in Flushing, New York.



(718) 939-9405

P.O. Box 228 • Flushing, New York 11352 www.mounthebroncemetery.com

# Complete and Return with Your Check

Please type or print and complete all of the information requested. This form may be used for two inscriptions.

1 Type of Inscription:

Your Signature:

	andard	☐ Holocaust			■ Military			
Name of Deceased	:							
	First	N	Middle Initial			Last		
Date of Birth:	Date of Death:							
Place of Death:								
If Military:	☐ Killed	d in Acti	ion	☐ Mi	ssing	in Ac	tion	
\$ \$	\$ \$	x 🌣	✡	\$	\$	\$	\$	
2. Type of Inscription: ☐ Standard ☐ Holocaust ☐ Military								
Name of Deceased	:							
	First	Middle Initial			Last			
Date of Birth:	Date of Death:							
Place of Death:								
If Military:	☐ Killed	d in Act	ion	☐ Mi	ssing	in Ac	tion	
\$ \$	\$ \$	x 🌣	\$	\$	$\Rightarrow$	\$	\$	
Your Name	e:							
Your Addre	ess:							
			Stree	t				
	City				State Zip			
Your Telep	hone#:_							