



**The ALL FAITHS CEMETERY
PHOTOGRAPHY/FILM PERMIT APPLICATION**

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ E-mail: _____

Purpose of Photographs/Filming (General):

- | | |
|--|--|
| <input type="checkbox"/> Commercial Use (Advertising, Promotion, Publication, Website) | <input type="checkbox"/> Academic (Scholarly paper or presentation, Thesis, Exhibit) |
| <input type="checkbox"/> News Media (List Station or Company) | <input type="checkbox"/> Personal Use (Genealogy, family record, tourist) |
| _____ | <input type="checkbox"/> Other: (List) _____ |

Provide a description of the sites you will be Photographing/Filming and your interest in documenting these sites:

If your Photographs or Film is going to be used for an exhibit or scholarly presentation, please identify the associated organization and audience:

Rules and Regulations for Photographers:

- NO Photographs of Stained Glass Windows.
- NO Photographs of Interiors of Private Family Mausoleums.
- NO Photographs of Funeral Services, Processions or Ceremonies.
- NO Photographs of Copyrighted Commissioned Art Work (Custom Designed Sculptures, Bronze Doors, etc.)

Permission to photograph specific areas or works of art can be obtained but must be requested prior to your visit.

The All Faiths Cemetery is Private Property and all visitors to the cemetery are asked to respect the privacy of the Lot Owners. Memorials are the Personal Property of the Lot Owners; detailed and close-up photographs of memorials and inscriptions cannot be taken without obtaining advance permission from the cemetery.

Commercial Photographers are required to complete a Photography/Film Agreement form.

I _____ agree to use reasonable care to prevent damage to cemetery grounds and property and will indemnify The All Faiths Cemetery for such damage and hold it harmless from any claims and demands for any person or persons resulting directly from any act of negligence on my part in connection with the work for which permission is hereby granted.

Signature of Photographer
Date: ____/____/____

For The All Faiths Cemetery
Date: ____/____/____

This permit allows the individual to take photographs or film of the sites described in application on the ____ Day of _____ 20____.

All photographers are required to present a Photo ID when they pick up the approved Permit from the Administrative office. Please Fax (718) 497-2750 or Mail completed form to the All Faiths Cemetery. Or E-mail copy to: AllFaiths@NYC.RR.com