



OAK RIDGE CEMETERY
CITY OF BUCHANAN
RECEIPT OF PAYMENT

GRAVE/SPACE PURCHASE WRITE-UP

PERSONAL INFO:

DATE _____
NAME _____
ADDRESS _____
CITY _____
PHONE _____

PLOT INFO:

CEMETERY: OAK RIDGE
BLOCK _____
LOT _____
GRAVE(S) _____

BURIAL TYPE:

BURIAL
CREMATION
RE-INTERMENT BURIAL

OCCUPANT(S) OR FUTURE OCCUPANT:

_____ GRAVE# _____
_____ GRAVE# _____
_____ GRAVE # _____
_____ GRAVE# _____
_____ GRAVE# _____

SPACE FEE (75%) \$ _____
COLUMBARIUM (75%) \$ _____
PREPETUAL CARE (25%)\$ _____
OPEN & CLOSE \$ _____
VAULT SET & SEAL \$ _____
DISINTERMENT \$ _____
FOUNDATION \$ _____
TENT RENTAL \$ _____
BRONZE PLAQUE \$ _____
TOTAL AMOUNT DUE \$ _____

MAKE CHECKS PAYABLE TO: CITY OF BUCHANAN

CITY REPRESENTATIVE: _____

DATE OF PAYMENT: _____ CHECK #: _____ RECT #: _____