

BURIAL DATE



**CITY OF LINDEN
FAIRVIEW CEMETERY**

REQUEST FOR GRAVE OPENING

Burial Date _____ Weekday _____ Cemetery Time _____

Funeral Home _____

Contact Person _____

Phone Number _____

Deceased Name _____

Date of Birth _____ Place of Birth _____

Linden Resident: Y / N

Last Known Residence _____

Veteran: Y / N Branch _____ Era _____

Burial Site Owner _____

Burial Type: Traditional / Cremation

Vault: Y / N (if yes) Measurements: _____

Burial Location: Section _____ Lot _____ Grave _____

Marker in Place: Y / N or Unknown

Comments:

