

qu 3/17

BURIAL WRITE UP

DECEASED

Name _____
Address _____ (Resident or Non-Resident)
City _____
D.O.B. _____ D.O.D. _____
Lot Owner: _____
Address & Phone _____

Place Veteran's marker? Yes or No

FUNERAL

Date: _____/Location: _____

Time: _____/Arrival Time: _____

Urn, urn vault or box size: _____

MORTUARY

Funeral Home: _____

Contact's name: _____

Phone number: _____

GRAVE SPACE

Hickory Bluff or Lincoln

Section: ___ Lot or Block: ___ & Plot: ___

Payment Source _____

Contact number: _____

Resident Burial \$ _____

Non-Resident Burial \$ _____

Resident Cremains \$ _____

Non-Resident Cremains \$ _____

Columbarium Cremains \$ _____

Other: _____ \$ _____

TOTAL DUE \$ _____

Clerk's Use:

Rct. # _____

Date _____

Payee _____

Ck # _____

BR Mailed _____

Card Posted _____

Map Posted _____

Computer Posted _____

Headstone list _____

Occupant list _____

GIS _____

Make a copy of the card here.