



Cemetery Plot Purchase Form

Name: _____ Date: _____

Address: _____ Apt./Unit #: _____

Phone: _____ Secondary Phone: _____

Email: _____

Please circle one: CITY RESIDENT / NON- CITY RESIDENT

Secondary Owner or Beneficiary: _____

Address: _____ Apt./Unit #: _____

Phone: _____ Secondary Phone: _____

Email: _____

Intended Occupant: _____ Veteran (Y/N): _____

Burial Type: ☐ Casket ☐ Creains ☐ Other: _____

Section: _____ Lot: _____

Block: _____ Plot(s): _____

Additional Notes: _____

Office Use: Attach copy of purchase receipt.

Sent to Sexton on (if burial date is close): _____

Scanned and entered in Cemetery Management on date: _____

Burial Rights Certificate presented in person or mailed on date: _____



Burial Information:

Date: _____ Graveside @ _____

Funeral Home: _____

Burial Type: Casket, Cremains, Other: _____

Deceased Name: _____

Contact Name: _____ Phone: _____

Section: _____ Block: _____

Lot: _____ Plot: _____

Office Use: Attach copy of purchase receipt for grave opening.

Scan a copy of burial permit. Entered in CM on date: _____