

BURIAL SERVICES AGREEMENT

CONTACT INFORMATION FOR PARTY MAKING ARRANGEMENTS: Name: Relationship: Address: Phone: _____ Email: _____ INFORMATION FOR BURIAL: Name of Deceased: ______ Date of Birth: _____ Date of Death: _____ Place of Death: ____ Date of Burial: ______ Veteran Status: ______ Plot Owner: ______ Plot Number: _____ Number of Spaces in Plot: ______Type of Interment: _____ Funeral Home: _____ Fees Collected: _____ Location of Burial on Plot: **NOTES:** Signature of Party Making Arrangements Signature of Cemetery Official Date Date