

MANTON JOINT CEMETERY DIST.

APPLICATION FOR INTERMENT

DECEASED

Name _____ Birthplace _____ Birthdate _____

Street Address _____ Veteran ___yes ___no

Branch of Service _____

Check one: 1. Resident _____ 2. Taxpayer _____ 3. Eligible Non-Resident _____

If No. 3 is checked, explain eligibility _____

Relation to Lot Owner _____ Lot Owner _____

Block _____ Lot _____ Grave _____

Date of Service _____ Time _____ Place _____ Liner _____

Special Services Requested _____

APPLICANT

CHARGE

Resident

Non-Resident

Name _____ Graves _____

Endowment Care _____

Address _____ Non Res. Fees _____

Open & Close _____

_____ Phone _____ Marker Setting _____

Liner-Vault _____

Relation to Deceased _____ Other _____

Tax _____

TOTAL _____

I, the undersigned, do hereby certify that I am the above named lot owner, or that I am the Agent of said lot owner, and that I have full authority to order the interment of the above named decedent in the above named plot, and that I understand that this order shall be subject to the rules and regulations of the Manton Joint Cemetery District, as is set forth in full herein, and shall be void until all charges connected herewith shall have been paid in full.

Taken By _____

Signed _____

Date _____