

Burial Information

Date: _____ Funeral Home: _____

Contact Name: _____ Phone #: _____

Name of Deceased: _____

Section ____ Lot # ____ Full Burial or Cremation: _____

Date of Burial: _____

Where and when service is being held: _____

The service at the Cemetery will begin at: _____

Is this person a Veteran? : _____

Which branch of the armed forces and/or war? : _____

Special Notes: _____

Signature: _____

**Please send any paperwork and/or payments to the Village Office:
P.O. Box 408, Burton 44021**