

2026
Welton Cemetery – Burton Ohio
Request for Burial

Date: _____

Funeral Home: _____

Director: _____ Phone # _____

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Address: _____

Name of Deceased: _____

D.O.B. _____ D.O.D. _____

Section #: _____ Lot # _____

First Burial or Second Burial at Section: _____

Date of Burial: _____

Time and place of Service: _____

Time of arrival at the Cemetery: _____

Is this person a Veteran? : ___ Branch/War _____

Special Notes: _____

Before a burial takes place at the Cemetery the Burton Office must have the following:

Original Deed for Lot/Certified Copy of Deed or Signature of Heirs Form

Burial-Transit Permit/Cremation Certificate

Check for Burial Fee of \$ _____

Signature Funeral Home/Family Member: X _____