



**TOWN OF EAGAR
CEMETERY**

RECORD OF BURIAL

NAME OF DECEASED: _____

NEXT OF KIN NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NAME OF FUNERAL HOME: _____

BLOCK: _____ LOT: _____ GRAVE NO.: _____

PERSONAL RECORD

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____

DATE OF BURIAL: _____

NAME OF SPOUSE: _____

NAMES OF CHILDREN: _____

MILITARY VETERAN _____ YES _____ NO

PAYMENT RECORD

PLOT OWNED: _____

DATE PAID: _____

PLOT PURCHASE (\$500.00 PER PLOT): _____

OPEN/CLOSE (\$360.00-casket) or (\$100-cremains): _____

TOTAL AMOUNT PAID: _____