



# Kanarrville Town Cemetery

## Burial Application

Deceased Information					
Full Name:			Age:	Gender:	
Birth Date:		Place of Birth:			
Death Date:		Place of Death:			
Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Branch:		War:
Spouse's Name:			Living:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Father's Name:					
Mother's Name:					
Funeral Information					
Mortuary:			Phone #:		
Vault Company:			Phone #:		
Type of Vault:		Funeral Location:			
Burial Type, Fees and Payment Information					
Burial Type (please circle one)		Casket	Urn(s)	Casket and Urn(s)	
Open/Close Fee (To be completed by Town Sexton):					
Other (To be completed by Town Sexton):					
Total:					
Applicant Information					
Full Name:			Phone #:		
Mailing Address:			Email:		
Signature:			Date:		
FOR OFFICE USE ONLY					
Date of Burial:		Time:			
Location:	Section:	Block:	Plot:	Plot Type:	BRC #:
<input type="checkbox"/> O/C Payment/Receipt <input type="checkbox"/>		<input type="checkbox"/> Type Verification <input type="checkbox"/> Site Prep.		<input type="checkbox"/> Open Date: <input type="checkbox"/> Close Date:	