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## MT. HOPE CEMETERY BURIAL FORM

Full name of deceased: \_\_\_\_\_

Location of burial plot: Section \_\_\_\_\_, Block \_\_\_\_\_, Plot \_\_\_\_\_

Date of burial: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. or \_\_\_\_\_ p.m.

Weekend/holiday/after hours: \_\_\_\_yes \_\_\_\_no

Full burial or cremation: \_\_\_\_\_

If cremains, size of urn/vault: \_\_\_\_\_

Veteran: \_\_\_\_yes \_\_\_\_no

Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_

Funeral Home or family contact (if no funeral home involved) and address:

\_\_\_\_\_  
 \_\_\_\_\_

Phone/email: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Disposition paperwork received: \_\_\_\_\_

Date call taken: \_\_\_\_\_

Call taken by: \_\_\_\_\_

Public Works notified: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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