Cemetery Information Sheet

Grave location: _____

Deceased (full name, including maiden):_____

Birth date (month, day, year):_____

Birth place (city, county, state, country):_____

Death date (month, day, year):_____

Death place (city, county, state, country):_____

Burial date (month, day, year):_____

Age:_____

Gender:_____

Father full name:_____

Mother full name (including maiden):_____

Spouse full name (including maiden):_____

Veteran (Y/N) _____

War: _____

Branch of Service:_____

Owner/Contact Information:_____

Address:_____

Owner phone:_____

Owner email:_____

Funeral Home (Name, Address, Phone):_____

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