

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: _____

Funeral Home (Name, Address, Phone): _____