

GRAVE OPENING REQUEST CLARKSTON CEMETERY

Deceased		Date:	
First:	Middle:	Other:	Last:
Birth Date:		Birth Place: (City, County & State)	
Father:		Mother (maiden name):	
Spouse's full name (maiden name if wife):			
Death Date:		Death Place: (City, County & State)	
Age at Death:			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Veteran Yes <input type="checkbox"/> / No <input type="checkbox"/>	Branch/War:
Cremated Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, must include copy of death cert.	Burial Date:	Funeral (day/time):	
Mortuary/Crematory: Name, Address & Telephone:			
Name of Informant & Relationship:		Informant Address:	Phone:
Children: (living & deceased)			
LOCATION OF GRAVE			
Block:		Lot:	Grave:
PERPETUAL CARE DUE		\$0.00	
OPENING/CLOSING FEE		\$350.00	
CURRENT OWNER			
Name of Plot Owner:		Address:	Phone:
Newspaper(s) obituary published in:			
<p>Grave opening request must be signed and returned prior to opening of grave.</p> <p>According to Ordinance #7-5-6d(2), payment must be received by the Cemetery Clerk prior to grave opening, unless mortician assumes responsibility for fees.</p>			

Signature

By signing this I acknowledge that I am responsible to pay all fees involved with
the opening and closing costs