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:			
☐ Male	☐ Female	Veteran Yes / No	Branch/War:
Cremated Yes □ No □ 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		**$400.00**	
CURRENT OWNER			
Name of Plot Owner:		Address:	Phone:
Newspaper(s) obituary published in:			

Grave opening request must be signed and returned prior to opening of grave.

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.

grave opening request/revision 03-09

Signature

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