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	
Funeral (day/time):		If Yes, Branch/War:	
Burial Date:			
Mortuary/Crematory Address & Telephone:			
Name of Informant & Relationship:		Informant Address:	Phone:
Children of Deceased: (living & deceased)			

LOCATION OF GRAVE

Block: Lot: Grave:

Traditional Burial - Opening/Closing Fees

☐ **Resident - $400** ☐ **Non Resident - $800**

Cremation - Opening/Closing Fees **Burial request must include copy of death cert.**

☐ **Resident Vault - $250** ☐ **Non Resident Vault- $400**

☐ **Resident No Vault - $200** ☐ **Non Resident No Vault - $350**

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

In accordance with Ordinance #7-5-8D(1), 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