

Email completed form to secretary@columbiatwp.com, fax to 269.434.6916, or complete online at columbiatwp.com/departments/cemeteries

Columbia Township

Burial Request

Date of Request: _____

Person/Organization Placing Order

(email copy of burial certificate to secretary@columbiatwp.com prior to burial date to receive confirmation)

Name: _____ Phone Number: _____

Email address: _____

Funeral Home Conducting Service

(if same as above please provide only contact name)

Funeral Home: _____ Name of Contact: _____

Phone Number: _____ Email address: _____

Next of Kin

Name: _____ Phone Number: _____

Email address: _____

Decedent Information

Last Name: _____ First Name, M.I.: _____ Suffix: _____

Age: _____ Gender: M or F Date of Death: _____

Veteran: Yes No Branch: _____ Era: _____

Resident: Yes No Ethnic background (optional, for genealogy information): _____

Location of Plot, if known

Cemetery: _____ Section/Row: _____ Lot: _____ Plot: _____

Plot Owner

Name: _____ Relationship of owner to deceased: _____

Phone Number: _____ Email address: _____

Burial Information

Type of Burial: Casket Adult Cremation Casket Child / Infant

Requested Burial Date: _____ Time: _____

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Genealogy Decedent's Information

Former Name(s): _____

Birthplace: _____ Birth State: _____ Birth date: _____

Former Addresses: _____

Mother's Maiden Name: _____ Father's Name: _____

Maternal Grandmother: _____ Paternal Grandmother: _____

Maternal Grandfather: _____ Paternal Grandfather: _____

Spouse: _____ Children: _____

Siblings: _____

Other Relatives of Note: _____

Faith/Establishment: _____

Cremation Date, if any: _____

Service Price

Plot Type	Price	Quantity	Total
Weekday Casket Opening	\$875		
Weekend Casket Opening (not available in winter)	\$1075		
Weekday Winter Casket Opening	\$1075		
Weekday Cremation Opening	\$200		
Weekend Cremation Opening	\$275		
Other			
		Total:	

Internal Use Only

Notified: Sexton: _____ Sexton Confirmed: Yes No
Date Time

Burial Permit Received: Email: _____ Original: _____
Date Time Date Time

Payment Rcvd: _____ Cash _____ Check# _____ Confirmed w/ Funeral Home: _____
Date Time