



Village of Sackets Harbor
 112 North Broad Street
 PO Box 335
 Sackets Harbor, New York 13685
 Tel: 315-646-3548
 Fax: 315-646-1201
 TDD 1-800-662-1220



Sackets Harbor Military Cemetery Burial Form

Veteran's Name		Last	First	Middle
Date of Veteran Burial		Time		Charge for Veteran: (Please Check One)
Payments must be received before the service date.				<input type="checkbox"/> Cash
				<input type="checkbox"/> Credit Card (Fee will apply)
<input type="checkbox"/> Check/ Check No.				
Information for Veteran Burial (Check all applicable items)				
<input type="checkbox"/> Yes <input type="checkbox"/> No	DD 214 Received		This must be received before service is scheduled.	
Section I <input type="checkbox"/>	Veteran: Casket Burial <input type="checkbox"/> \$150.00 Cremated Burial <input type="checkbox"/> \$150.00		Spouse: Cremated Burial <input type="checkbox"/> \$150.00	
Section II <input type="checkbox"/>	Veteran: Single Casket Burial <input type="checkbox"/> \$150.00 Double Stacked Burial <input type="checkbox"/> \$400.00 Cremated Burial <input type="checkbox"/> \$150.00		Spouse: Stacked Casket Burial <input type="checkbox"/> \$400.00 Cremated Burial <input type="checkbox"/> \$150.00	
Veteran's Spouse		Last	First	Middle
Date of Spouse Burial		Time		Charge for Spouse: (Please Check One)
Payments must be received before the service date.				<input type="checkbox"/> Cash
				<input type="checkbox"/> Credit Card (Fee will apply)
<input type="checkbox"/> Check/ Check No.				
Contact Information: Name		Relation		Phone Number
Special Instructions:				
I have received a copy of the Sackets Harbor Military Cemetery Rules. <input type="checkbox"/> Yes <input type="checkbox"/> No		I have read and agree to the governing rules provided to me. <input type="checkbox"/> Yes <input type="checkbox"/> No		Signature X _____

DO NOT WRITE BELOW THIS LINE- VILLAGE OFFICE USE ONLY

Military Plaque Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Burial Section- Lot Number-	Clerk Initial & Date
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