

HARPERSVILLE MUNICIPAL CEMETERY INTERMENT AND BURIAL PLOT FORM

This form is to be submitted to Harpersville Town Hall at the time of purchase or prior to burial.
 The sections below should be completed with information specific to the decedent of the burial plot.

BLOCK _____ **LOT** _____ **SITE** _____

TODAY'S DATE (MM/DD/YYYY)				
(LEGAL NAME) LAST NAME		FIRST NAME	MIDDLE NAME	MAIDEN NAME (IF APPLICABLE)
DATE OF BIRTH (MM/DD/YYYY)				
DATE OF DEATH, IF APPLICABLE (MM/DD/YYYY)				
PHYSICAL ADDRESS		CITY AND STATE	ZIP CODE	
MAILING ADDRESS		CITY AND STATE	ZIP CODE	
EMAIL ADDRESS			HOME AND/OR CELL PHONE NUMBER	
MILITARY VETERAN	MILITARY BRANCH	HIGHEST RANK ACHIEVED	WAR SERVICE	
<input type="checkbox"/> YES <input type="checkbox"/> NO				

BLOCK _____ **LOT** _____ **SITE** _____

“I, the undersigned, do hereby certify the information provided on this Form is factual and correct. I have received a copy of the Harpersville Municipal Cemetery Rules and Regulations. I understand it is my responsibility to adhere to all Rules and Regulations set forth in said document.”

Full Name (Print)

Signature

Date

Received by (Signature)

Date

NEXT OF KIN

(LEGAL NAME) LAST NAME	FIRST NAME	MIDDLE NAME
RELATION TO DECEDENT		
PHYSICAL ADDRESS	CITY AND STATE	ZIP CODE
MAILING ADDRESS	CITY AND STATE	ZIP CODE
EMAIL ADDRESS	HOME AND/OR CELL PHONE NUMBER	

(LEGAL NAME) LAST NAME	FIRST NAME	MIDDLE NAME
RELATION TO DECEDENT		
PHYSICAL ADDRESS	CITY AND STATE	ZIP CODE
MAILING ADDRESS	CITY AND STATE	ZIP CODE
EMAIL ADDRESS	HOME AND/OR CELL PHONE NUMBER	