

MANTON JOINT CEMETERY DIST.

APPLICATION FOR INTERMENT

DECEASED

Name \_\_\_\_\_ Birthplace \_\_\_\_\_ DOB \_\_\_\_\_ DOD \_\_\_\_\_

Street Address \_\_\_\_\_ Veteran \_\_\_yes \_\_\_no

Branch of Service \_\_\_\_\_

Check one: 1. Resident \_\_\_\_\_ 2. Taxpayer \_\_\_\_\_ 3. Eligible Non-Resident \_\_\_\_\_

If No. 3 is checked, explain eligibility \_\_\_\_\_

Relation to Lot Owner \_\_\_\_\_ Lot Owner \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_ Gravesite \_\_\_\_\_

Date of Service \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_ Liner \_\_\_\_\_

Casket or Cremation \_\_\_\_\_

Flower can(s) \_\_\_\_\_yes \_\_\_\_\_no

Special Services Requested \_\_\_\_\_

APPLICANT	CHARGE	Resident	Non-Resident
Name _____	Graves	_____	_____
	Endowment Care	_____	_____
Address _____	Non Res. Fees	_____	_____
	Open & Close	_____	_____
_____ Phone _____	Marker Setting	_____	_____
	Liner-Vault	_____	_____
Relation to Deceased _____	Other	_____	_____
	Tax	_____	_____
	<b>TOTAL</b>	_____	_____

I, the undersigned, do hereby certify that I am the above named lot owner, or that I am the Agent of said lot owner, and that I have full authority to order the interment of the above named decedent in the above named plot, and that I understand that this order shall be subject to the rules and regulations of the Manton Joint Cemetery District, as set forth in full herein, and shall be void until all charges connected herewith shall have been paid in full.

Taken By \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_