

BURIAL Data Collection Form



DATE: _____

Funeral Home: _____

Contact Name: _____

Contact Email: _____

Phone #: _____ **Fax #:** _____

Deceased Person Name: _____

Date of Death (of Deceased): _____

Cemetery: _____

Plot details: _____

Burial Date: _____

Burial Time: _____

Burial Type: Casket Vault Cremated Remains

Note/Comments: _____

Authorized By: _____

Funeral Home (Representative)

Next of Kin or Rights Holder

Please complete and fax (705)384-5892 or email treasurer@strongtownship.com

Office Use:

Lot Location Complete

Request Received by: _____

Date Completed: _____