

**PETRA MEMORIAL PARK**  
**Right to Burial (Temp) Form**

**(With middle name or initial)**

Name of Owner/Owners \_\_\_\_\_

Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

SECTION \_\_\_\_\_ LOT \_\_\_\_\_

**(Full Name - with middle name or initial)**

Grave # \_\_\_\_\_ Grantee Name \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

The Sum of \$ \_\_\_\_\_

Method Paid \_\_\_\_\_

Date \_\_\_\_\_



565 Airport Rd, New Holland, PA 17557