



CEMETERY PLOT APPLICATION FORM

Please PRINT or TYPE the information below and return completed application
(See attached policy for associated fees)

Last Name (also include *Maiden Name* if applicable) First Name Middle Name

Street Address Apartment #

City State / Province Zip / Postal Code

Phone Number of Years Active Member Email

Date of Birth City & State / Province of Birth Country of Birth

MARITAL STATUS (check one): Single Married Widowed Divorced _____
First & Last Name of SPOUSE (also include *Maiden Name* if applicable)

FAMILY TIES:

I AM THE: Father Mother Son Daughter Step-Son Step-Daughter OF: _____
Name of Active Member

I have read and understand the Turner's Chapel Cemetery Policy and agree to fully comply with it to the best of my ability. Furthermore, I understand that family and those responsible for funeral/burial arrangements are also bound to comply with this policy. I verify that all the information listed on the Application Form is true to the best of my knowledge.

Signature of Applicant _____ Date _____

Name Printed _____

CEMETERY COMMITTEE USE ONLY:

Amount Paid _____ Receipt # _____ Paid Date: _____

Plot Assigned: _____ CEM. COMMITTEE INITIALS _____