



HIGHLAND CITY

Burial Number:	_____
Double Burial:	_____

Highland City Cemetery Application for Burial

Information about the Deceased

Full Name: _____ Age _____

Birth Date _____ Place of Birth _____

Death Date _____ Place of Death _____

Veteran _____ (Y/N) Branch _____ War _____

Cause of Death _____ Gender _____ (M/F)

Spouse's Name _____ Living _____ (Y/N)

Father's Name _____

Mother's Name _____

Applicant Information

Applicant's Name _____ Phone Number _____

Applicant's Address _____

Signature _____ Today's Date _____

Funeral Information

Mortuary _____ Phone Number _____

Vault Co. _____ Type of Vault _____

Funeral Location _____

Fees & Payment Information

Lot Purchase _____

Opening/Closing _____

Total _____

For Office Use Only

Date of Burial	_____	Time	_____
Location	Section _____	Block _____	Grave _____
Sexton	Trever Aston		
City Recorder	Cindy Quick		
<input type="checkbox"/> Map	<input type="checkbox"/> IWORQ	<input type="checkbox"/> Obituary	
<input type="checkbox"/> Agreement	<input type="checkbox"/> Folder	<input type="checkbox"/> Spatial Generations	
<input type="checkbox"/> Receipt	<input type="checkbox"/> Certificate	<input type="checkbox"/> Cemetery PLOTS-Word	