

Burial Information
South Russell Village Cemetery

Date: _____ Funeral Home: _____

Contact Name: _____ Phone #: _____

Name of Deceased: _____

Full _____ Scattering _____ Cremation (urn size?) _____

Lot # _____ Date of Burial: _____

Where and when service will begin: _____

Service type – Military, Religious, Normal: _____

Time of service at the Cemetery: _____

Veteran? : _____ Branch/war: _____

Special notes: _____

I acknowledge that I have received a copy of the Rules and Regulations and will abide by the requirements. If the funeral home is signing this document for the family, please provide a copy to them.

Signature: _____

If needed, vault company arrangements must be made through a funeral home.