

LOT PURCHASE INFORMATION
South Russell Village Cemetery

Date of purchase: _____

Name: _____

Mailing address: _____

Lot purchased for the Burial of: _____

Phone # of purchaser: _____

Lot #: _____ Number of lots purchased: _____

For full or cremation (if known): _____

If multiple lots purchased, please specify the designated name for each lot:

Name: _____ Lot #: _____

Name: _____ Lot #: _____

Name: _____ Lot #: _____

Name: _____ Lot #: _____

Name: _____ Lot #: _____

Name: _____ Lot #: _____

Total due: _____

I acknowledge that I have received a copy of the Rules and Regulations and will abide by the requirements.

Signature: _____ Date: _____