Cemetery Occupant Information

*Required Information

*Occupant Name: _____

*Resident ?: Yes _____ **No** _____

Former Address: _____

*Former City: _____ ***Former State:** _____

Former zip: _____

*Veteran ?: Yes _____   **No** _____ ***Service Branch:** _____

Era: _____ **(ex. World War I)**

*Birth Date: _____ ***Birth Place:** _____

*Birth State: _____

*Death Date: _____ ***Place Of Death:** _____

*Cause Of Death: _____

*Death Certificate #: _____

*Burial Date: _____ **Church/Religion:** _____