

All Permits will be issued by the Secretary, and must be paid for in advance. No burial allowed without a permit

APPLICATION FOR BURIAL PERMIT

THE RISING SUN CEMETERY

No. 876

Rising Sun, Ind., _____, 19____

Name of Deceased _____ Carl Apozzo Cochran _____

Place of Nativity _____ Ohio Co., Ind. _____

Date of Birth _____ Oct. 23, 1902 _____

Date of Decease _____ Dec. 25, 1964 _____

Age _____ 62 _____

Occupation _____ Nursing Home Operator _____

Single, Married or Widowed _____ Married _____

Late Residence _____ Lebanon, Ohio _____

Disease _____ Coronary Occlusion _____

Place of Death _____ Lebanon, Ohio _____

Parents' Name _____ William Cochran _____

Size of Coffin or Box, Length _____ Feet _____ In. Width _____ Feet _____ In.

In whose Lot to be Interred _____ Lot 90 _____ Sec. B _____ No. Grave 2

Removed from _____

Name of Undertaker _____ Detmer Airseal _____

Permit applied for by _____