

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. 1659

Rising Sun, Ind., \_\_\_\_\_, 19\_\_

Name of Deceased \_\_\_\_\_  
Mary Sue Galbreath

Place of Nativity \_\_\_\_\_  
Dearborn Co. Hospital

Date of Birth \_\_\_\_\_  
May 13, 1968

Date of Decease \_\_\_\_\_  
May 13, 1968

Age \_\_\_\_\_  
Stillborn

Occupation \_\_\_\_\_

Single, Married or Widowed \_\_\_\_\_

Late Residence \_\_\_\_\_

Disease \_\_\_\_\_

Place of Death \_\_\_\_\_  
Dearborn Co. Hospital

Parents' Name \_\_\_\_\_  
Ralph W. & Matilda Pignoloni Galbreath

Size of Coffin or Box, Length \_\_\_\_\_ Feet \_\_\_\_\_ In. Width \_\_\_\_\_ Feet \_\_\_\_\_ In.

In whose Lot to be Interred \_\_\_\_\_ Lot 107 Sec. D No. Grave 5

Removed from \_\_\_\_\_

Name of Undertaker \_\_\_\_\_  
McClure cement box

Permit applied for by \_\_\_\_\_