

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. 1910

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

Name of Deceased \_\_\_\_\_ Marion Carlyle Hall \_\_\_\_\_

Place of Nativity \_\_\_\_\_ Switzerland, Co. Ind. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Feb. 10, 1910 \_\_\_\_\_

Date of Decease \_\_\_\_\_ June 8, 1959 \_\_\_\_\_

Age \_\_\_\_\_ 44-3-28 \_\_\_\_\_

Occupation \_\_\_\_\_

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

Late Residence \_\_\_\_\_ 506 S. Walnut St. Rising Sun, Ind. \_\_\_\_\_

Disease \_\_\_\_\_

Place of Death \_\_\_\_\_ Residence \_\_\_\_\_

Parents' Name \_\_\_\_\_ Dr. Wesley M. Hall & Nellie Morrison Hall \_\_\_\_\_

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

In whose Lot to be Interred \_\_\_\_\_ Lot IIO \_\_\_\_\_ Sec. D \_\_\_\_\_ No. Grave 2 \_\_\_\_\_

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

Name of Undertaker \_\_\_\_\_ Humphrey \_\_\_\_\_ Permacrete vault \_\_\_\_\_

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