

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. 2355

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

Name of Deceased \_\_\_\_\_ Clifford Jaynes \_\_\_\_\_

Place of Nativity \_\_\_\_\_ Switzerland co. Ind. \_\_\_\_\_

Date of Birth \_\_\_\_\_ May 6, 1867 \_\_\_\_\_

Date of Decease \_\_\_\_\_ June 21, 1950 \_\_\_\_\_

Age \_\_\_\_\_ 83-I-II \_\_\_\_\_

Occupation \_\_\_\_\_ Retired \_\_\_\_\_

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

Late Residence \_\_\_\_\_ Kokomo, Ind. \_\_\_\_\_

Disease \_\_\_\_\_ Myocardiac failure \_\_\_\_\_

Place of Death \_\_\_\_\_ Kokomo, Ind. \_\_\_\_\_

Parents' Name \_\_\_\_\_

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

In whose Lot to be Interred \_\_\_\_\_ Lot II2 S.H. \_\_\_\_\_ Sec. D \_\_\_\_\_ No. Grave 3 \_\_\_\_\_

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

Name of Undertaker \_\_\_\_\_ Fern Funeral Home \_\_\_\_\_

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