

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. 77

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

Name of Deceased \_\_\_\_\_ Glyde Ashcraft \_\_\_\_\_

Place of Nativity \_\_\_\_\_ Grant Co. Ky. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sept. 17, 1903 \_\_\_\_\_

Date of Decease \_\_\_\_\_ Feb. 24, 1968 \_\_\_\_\_

Age \_\_\_\_\_ 64 \_\_\_\_\_

Occupation \_\_\_\_\_ Veneer worker \_\_\_\_\_

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

Late Residence \_\_\_\_\_ Rising Sun, Ind. \_\_\_\_\_

Disease \_\_\_\_\_ \_\_\_\_\_

Place of Death \_\_\_\_\_ Rising Sun, Ind. \_\_\_\_\_

Parents' Name \_\_\_\_\_ Newton Ashcraft \_\_\_\_\_

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

In whose Lot to be Interred \_\_\_\_\_ Lot 19, E.H. \_\_\_\_\_ Sec. C \_\_\_\_\_ No. grave 3

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

Name of Undertaker \_\_\_\_\_ Detmer \_\_\_\_\_ Topseal \_\_\_\_\_

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