APPLICATION FOR BURIAL PERMIT

THE RISING SUN CEMETERY

No 15/1 Rising Sun. Ind.,_______ 19_____ 19____ Name of Deceased _____Ruth Ann Evans Place of Nativity _____ Date of Birth ________1931 Date of Decease ______1935 Age _____4_vears_____ Occupation _____ Single, Married or Widowed ______ Late Residence Disease ______ Place of Death ______ Parents' Name ___Elmer & Freda Evans Size of Coffin or Box, Length _____Feet____In. Width_____Feet____In. In whose Lot to be Interred _____Block 7 - Lot 4 __ Sec. G _____ No. grave 4 __ Removed from ______ Name of Undertaker Permit applied for by ______