

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. 2675

Rising Sun, Ind., _____, 19____

Name of Deceased Gayle David Leive

Place of Nativity Dearborn Co Hospital

Date of Birth May 24, 1959

Date of Decease Mar. 23, 1960

Age 10 Months

Occupation _____

Single, Married or Widowed _____

Late Residence Rising Sun, Ind.

Disease Acute encephalitis

Place of Death Home

Parents' Name Robert F. & Nancy Beatal Leive

Size of Coffin or Box, Length _____ Feet _____ In. Width _____ Feet _____ In.

In whose Lot to be Interred Lot 151 N.W. 1/4 B No. Grave I
I/4

Removed from _____

Name of Undertaker McClure Airseal with Mausoleum cap

Permit applied for by _____