

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. 2879

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

Name of Deceased \_\_\_\_\_ Dr. Amado S.A. Mauricio \_\_\_\_\_

Place of Nativity \_\_\_\_\_ Phillipine Islands \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sept. 13, 1929 \_\_\_\_\_

Date of Decease \_\_\_\_\_ May 30, 1968 \_\_\_\_\_

Age \_\_\_\_\_ 38 \_\_\_\_\_

Occupation \_\_\_\_\_ ~~Physician~~ Physician \_\_\_\_\_

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

Late Residence \_\_\_\_\_ 412 S. High St. Rising Sun, Ind. \_\_\_\_\_

Disease \_\_\_\_\_ Coronary Thrombosis \_\_\_\_\_

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

Parents' Name \_\_\_\_\_ Christanto Mauricio \_\_\_\_\_

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

In whose Lot to be Interred \_\_\_\_\_ Row 3 \_\_\_\_\_ Sec. F No. grave 52 \_\_\_\_\_

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

Name of Undertaker \_\_\_\_\_ Detmer Airseal vault \_\_\_\_\_

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