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. 3960
Name of Deceased		
Place of Nativity	Dearborn Co. Hospital	
Date of Birth	April_30,_1969	
Date of Decease	April 30, 1969	
AgeSti	llborn	
Occupation		
Single, Married or Wido	owed	
Late Residence		
Disease		
Place of Death	Dearborn Go:-Hospital	
Parents' Name	- Phillip * Jeanne Bascen See	
Size of Coffin or Box, Le	ngthFeetIn. Width	Feet In
In whose Lot to be Interr	redRaymond See Sec. B.B.R	No so
Removed from	in same grave of Pete	er See
Name of Undertaker	McClure Plastic vault	
Permit applied for by		