

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. 3988

Rising Sun, Ind., _____, 19____

Name of Deceased Michael Shaver

Place of Nativity Lawrenceburg, Ind.

Date of Birth May 18, 1965

Date of Decease May 20, 1965

Age 2 days

Occupation _____

Single, Married or Widowed _____

Late Residence _____

Disease Newborn

Place of Death Children's Hospital Cin. Ohio

Parents' Name Donald & Peggy Chase Shaver

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

In whose Lot to be Interred Lot 25 S.E. 1/4 Sec. D.R. No. Grave I

Removed from _____

Name of Undertaker McGlure Cement vault

Permit applied for by _____