

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. 4056

Rising Sun, Ind., _____, 19__

Name of Deceased _____ William Adolph Siekman _____

Place of Nativity _____ Rising Sun, Ind. _____

Date of Birth _____ Dec. 31, 1898 _____

Date of Decease _____ June 1, 1965 _____

Age _____ 66 _____

Occupation _____ Banker _____

Single, Married or Widowed _____ Married _____

Late Residence _____ Rising Sun, Ind. _____

Disease _____ Foxemia perotinitis _____

Place of Death _____ Bearborn Co. Hospital _____

Parents' Name _____ Will F. & Minnie Wessler Siekman _____

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

In whose Lot to be Interred _____ Lot 15 _____ Sec. B _____ No. Grave 4 _____

Removed from _____

Name of Undertaker _____ Detmer _____ Mausoleum _____

Permit applied for by _____