APPLICATION FOR BURIAL PERMIT

THE RISING SUN CEMETERY

No 4197 Susanna Steele Name of Deceased _____ Place of Nativity _____ Date of Birth Date of Decease ________Reinternment Age _____ Occupation _____ Single, Married or Widowed ______ Late Residence Disease _____ Place of Death Parents' Name Size of Coffin or Box, Length _____Feet____In. Width_____Feet____In. In whose Lot to be Interred _____ Lot 3 Sec. B No. grave 2 Removed from _____ Name of Undertaker Permit applied for by ______