

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. 4649

Rising Sun, Ind., _____, 19__

Name of Deceased _____ Carl Wallick _____

Place of Nativity _____ Switzerland Co. Indiana _____

Date of Birth _____ July 12, 1916 _____

Date of Decease _____ Aug. 10, 1955 _____

Age _____ 39 _____

Occupation _____

Single, Married or Widowed _____ Married _____

Late Residence _____ Phoenix, Arizona _____

Disease _____ Heart Wallick & Della Mountz _____

Place of Death _____ Phoenix, Arizona _____

Parents' Name _____ Elmer Wallick & Della Mountz _____

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

In whose Lot to be Interred _____ Lot 40 _____ Sec. A _____ No. grave 6 _____

Removed from _____

Name of Undertaker _____

Permit applied for by _____