

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. 4722

Rising Sun, Ind., _____, 19____

Name of Deceased _____ Charles E. Weaver _____

Place of Nativity _____ Maple Knoll Hospital Glendale, Ohio _____

Date of Birth _____ Dec. 21, 1951 _____

Date of Decease _____ Dec. 22, 1951 _____

Age _____ 1 day _____

Occupation _____

Single, Married or Widowed _____

Late Residence _____ Glendale, Ohio _____

Disease _____ Premature _____

Place of Death _____ Maple Knoll Hospital Glendale, Ohio _____

Parents' Name _____ Carl Weaver _____

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

In whose Lot to be Interred _____ Lot 7 N.H. _____ Sec. D.R. _____ No. Grave I _____

Removed from _____

Name of Undertaker _____ Detmer _____ Wood box _____

Permit applied for by _____