

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. 4779

Rising Sun, Ind., _____, 19__

Name of Deceased _____ Zula Weisickle _____

Place of Nativity _____ Gallatin Co. Ky. _____

Date of Birth _____ Dec. 26, 1898 _____

Date of Decease _____ Jan. 26, 1960 _____

Age _____ 61 _____

Occupation _____ Housewife _____

Single, Married or Widowed _____ Married _____

Late Residence _____ 5th St. Rising Sun, Ind. _____

Disease _____ Carcinoma of liver _____

Place of Death _____ Dearborn Co. Hospital _____

Parents' Name _____ Alfred & Artie Percy Chapman _____

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

In whose Lot to be Interred _____ Single grave _____ Sec. B.B. _____ No. Grave II4 _____

Removed from _____ _____

Name of Undertaker _____ McClure _____ Mausoleum _____

Permit applied for by _____ _____