

MORTON CEMETERY ASSOCIATION

Office: 900 Morton Street, Richmond, TX 77469

Mail: P.O. Box 300, Richmond, TX 77406

281-239-3648 fax 281-239-3706

www.mortoncemetery.com

BURIAL INFORMATION

In order to assist in record keeping, the Cemetery Association asks that all families/funeral homes complete the following information:

NAME OF DECEASED: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

DATE NOTIFIED: _____ DATE/TIME OF BURIAL: _____

FUNERAL HOME INFORMATION: _____

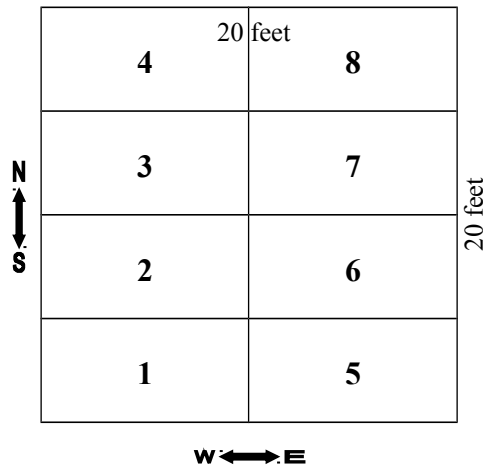
SECTION: _____ LOT: _____ SPACE#: _____ LOT OWNER: _____

IF BODY BURIAL: CONCRETE BOX , VAULT , or STEEL VAULT

IF A CREMATION, NOTE PLACEMENT WITHIN SPACE: TOWARD HEAD , or TOWARD FOOT

COMMENTS: _____

Lot Spaces are numbered as follows:



I (We) undersigned, acting as the legal Next of Kin and/or the Property Owner, hereby authorize Morton Cemetery Association or its agents to inter the decedent in the section, lot and space number indicated.

Signed this _____ Day of _____ 20 _____

Signature: _____

Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____

Email: _____