

EPHRAIM PARK CEMETERY BURIAL PERMIT

(Revised Form 11/28/17)

DECEDENT: Last _____ First _____ Middle _____

Maiden Name _____ Other/AKA _____

Gender _____ Race _____ Age _____ Cause of Death _____

Date of Birth _____ Place _____ Date of Death _____ Place _____

Current Address _____ City _____ State _____ Zip _____

Spouse _____ Maiden Name (If Applicable): _____ Living (Y/N) _____

Marriage Date _____ Mother's Name (Include Maiden Name) _____

Father's Name _____ Is Decedent a U.S. Citizen? _____ Citizenship, if No _____

Is Decedent a Current Resident of Ephraim? (Y/N) _____ If No, have they ever been? (Y/N) _____ When _____

Reason for Leaving Ephraim (e.g. health reasons, etc.) _____

NEXT OF KIN: Name _____ Address _____

Phone No. _____ Relationship to Deceased _____

Other Contact _____ Address _____ Phone _____

MILITARY INFORMATION: (If you would like a free military headstone, please fill out additional form)

Branch of Service _____ Dates of Service _____ War _____

I agree to allow a flag to be placed in the cement base of the headstone to honor this veteran. _____ (initial)

DEED OWNERSHIP: Name _____ Address _____

Phone _____ Relationship to Deceased _____

If Decedent is not the deed owner or listed on the deed, permission for burial must be granted by owner.

_____ **Permission Signature**
FUNERAL DETAILS: Date _____ Time _____ Location _____

Funeral Director _____ Funeral Home _____

Address _____ Phone _____ Fax _____

Open Closing Costs to be paid by: _____ Mortuary _____ Family

THIS SECTION TO BE COMPLETED BY CITY

Burial Location: Block _____ Lot _____ Space _____	Burial Type: _____ Adult _____ Child _____ Cremation _____	Required Fees: Purchase \$ _____ Perpetual Care \$ _____ Open/Close \$ _____
Order Received by: _____	CIMS Entry by: (intl) _____ Date: _____	Date Fees Owing Pd. _____

Informant: _____

Date: _____