



## Grave Space Purchase (Pre-Need Only)

Cemetery Name: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

Grave Space for: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

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### OFFICE USE

Lot #: \_\_\_\_\_

Space: \_\_\_\_\_

St. Ave., Sect., Div.: \_\_\_\_\_

Map Code #: \_\_\_\_\_

Lot Dimensions: \_\_\_\_\_ x \_\_\_\_\_

Grave Space Purchase: \_\_\_\_\_

Cash, Check or Charge to: \_\_\_\_\_

**Return to:**

Denise Reichert

Cemetery Administrator

751 Remington Avenue, Thomasville, GA 31792

Office: (229) 227-4195 | Fax: (229) 227-4047

E-mail: [citycemetery@thomasville.org](mailto:citycemetery@thomasville.org)