



## Burial Request Form

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

Date of Service: \_\_\_\_\_

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

Grave Space purchase required \_\_\_\_yes\_\_\_\_no

Lot purchase required \_\_\_\_yes\_\_\_\_no (Please submit Lot Purchase/Deed Form)

Person for Burial: \_\_\_\_\_

Placement of Person for Burial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

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

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

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

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

Lot or Space Owner: \_\_\_\_\_

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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: \_\_\_\_\_

Lot Location/Administration Fee: \_\_\_\_\_ Cash, Check or Charge to: \_\_\_\_\_

#### **Return to:**

Denise Reichert

Cemetery Supervisor

751 Remington Avenue, Thomasville, GA 31792

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

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

*The Power of Community. The Power of Service.*