



Grave Space Purchase (Pre-Need Only)

Cemetery Name: _____

Date of Purchase: _____

Funeral Home: _____

Grave Space for: _____

Contact Person: _____

Address: _____

Phone #: (____) _____

Address: _____

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 Supervisor

751 Remington Avenue, Thomasville, GA 31792

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

E-mail: citycemetery@thomasville.org