

# Cemetery Information Sheet

Grave location: \_\_\_\_\_

Deceased (full name, including maiden): \_\_\_\_\_

Birth date (month, day, year): \_\_\_\_\_

Birth place (city, county, state, country): \_\_\_\_\_

Death date (month, day, year): \_\_\_\_\_

Death place (city, county, state, country): \_\_\_\_\_

Burial date (month, day, year): \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Father full name: \_\_\_\_\_

Mother full name (including maiden): \_\_\_\_\_

Spouse full name (including maiden): \_\_\_\_\_

Veteran (Y/N) \_\_\_\_\_

War: \_\_\_\_\_

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

Owner/Contact Information: \_\_\_\_\_

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

Owner phone: \_\_\_\_\_

Funeral Home (Name, Address, Phone): \_\_\_\_\_