

Date: _____

LEVAN TOWN CEMETERY

RIGHT TO BURIAL

NEW PURCHASE FORM

BUSINESS OFFICE: 20 NORTH MAIN * PO BOX 40 LEVAN, UTAH 84639

Phone: 435-623-1959 Fax 435-623-2730 Email: levantown@gmail.com

Total Number of Graves: _____ Lot-Row-Grave #'s _____

NEW Owner/Purchaser and Address
(**Two** Names recommended on Purchase Form-One Address)

1. _____ 2. _____

Address: _____

Address: _____

Phone: _____

X _____ Total # of Graves: _____
Authorized Signature

Resident/Non Fee: _____

Open/Close Fee if Needed: _____

Total Amount Due: _____

**GRAVE RESERVATION SECTION:
Persons to be interred in the above listed graves are as follows:**

<u>Grave #</u>	<u>Name</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____