ROSE HILL CEMETERY

BURIAL INFORMATION & REQUEST FOR GRAVE OPENING

City of Brookfield, Missouri

Complete all applicable fields. Select one option in each choice group.

FUNERAL HOME INFORMATION

Funeral Home

Contact Person

Phone

Address

Email

DECEDENT & SERVICE INFORMATION

Name of Person

Date of Birth

Date of Death

Date of Burial

Service Time

Cemetery Arrival

Place of Service - select one

- ○ Chapel
- ○ Church
- ○ Graveside

BURIAL LOCATION

Block

Section

Lot

Grave Space - select one

- ○ North Half
- ○ South Half

BURIAL / CONTAINER INFORMATION

Burial Type - select one

- ○ Full Burial
- ○ Cremation

Urn Size (if applicable)

Outside Container Type - select one

- ○ Two Piece
- ○ Vault
- ○ Mausoleum
- ○ Cement Box

ADDITIONAL INSTRUCTIONS

AUTHORIZATION

I certify that this information is accurate and that I am authorized to request this interment and grave opening.

Authorized Representative Signature

Date

OFFICE USE ONLY

Fee

Payment / Receipt No.

Location Verified By

Approved / Scheduled By