

VILLAGE OF WESTFIELD CENTER CEMETERY DEED APPLICATION

LAST: _____ FIRST: _____ M.I.: _____

ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____ COUNTY: _____

TELEPHONE NUMBER(S): _____

NAME TO BE TYPED ON DEED:

LAST: _____ FIRST: _____ M.I.: _____

MILITARY: _____

LAST: _____ FIRST: _____ M.I.: _____

MILITARY: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

LOT OR NICHE INFORMATION:

FULL BODY SITES

SECTION: _____ LOT NUMBER: _____ GRAVESITE NUMBER: _____

DESIGNATED FOR: _____

SECTION: _____ LOT NUMBER: _____ GRAVESITE NUMBER: _____

DESIGNATED FOR: _____

3X3 SITES (MEMORY GARDEN) (CAN HOLD MAXIMUM TWO CREMAINS IN RIGID CONTAINERS)

SECTION: _____ LOT NUMBER: _____ GRAVESITE NUMBER: _____

DESIGNATED FOR: _____

SECTION: _____ LOT NUMBER: _____ GRAVESITE NUMBER: _____

DESIGNATED FOR: _____

COLUMBARIUM (EACH NICHE CAN HOLD TWO CREMAINS/TWO URNS)

COLUMBARIUM: _____ NICHE NUMBER: _____

DESIGNATED FOR: _____

COLUMBARIUM: _____ NICHE NUMBER: _____

DESIGNATED FOR: _____

OFFICE USE ONLY

TOTAL AMOUNT DUE: _____ **PAYMENT METHOD:** _____

PAY-IN NUMBER: _____

DEED BOOK NUMBER: _____ **DEED NUMBER:** _____
