



# Funeral Request and Information Sheet

**Requested Burial Date and Time:** \_\_\_\_\_

**Approved by City Staff:** Cemetery Sexton \_\_\_\_\_ City Clerk \_\_\_\_\_ Park Superintendent \_\_\_\_\_

Funeral Home requesting services: \_\_\_\_\_

Address of Funeral Home: \_\_\_\_\_

Contact and phone number: \_\_\_\_\_

Date Submitted to the City of Mountain Home: \_\_\_\_\_

**Deceased Information:**

Deceased Full Name: \_\_\_\_\_

Cemetery Location : Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Type of Burial Container: \_\_\_\_\_ (Size/ Dimensions) \_\_\_\_\_

Urn location in lot: Head \_\_\_\_\_ Middle \_\_\_\_\_ Foot \_\_\_\_\_

Time of Service: \_\_\_\_\_ Place of Service: \_\_\_\_\_

Current City of Mountain Home Resident: yes \_\_\_\_\_ no \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Date of Burial: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Age at Death: \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_

Military Veteran: yes \_\_\_\_\_ no \_\_\_\_\_

Branch/Rank: \_\_\_\_\_ War(s) Served: \_\_\_\_\_

Any additional information: \_\_\_\_\_