

Union Highland Cemetery

Application for Preneed of Burial Space

Applicant Name: _____

Applicant Phone Number: _____

Applicant Mailing Address: _____

Burial Space(s): Block: _____

Lot(s): _____ Space(s): _____

\$ _____

Other Costs (Interment Fee(s), Installation/Labor Fees):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Deed Fee: \$25.00

Grand Total: _____

Payments are to be made:

Monthly

Bi-Monthly

Every Six Months

Other: _____

Upon approval of this completed application the spaces referenced above shall be reserved for the applicant, and upon full payment a Certificate of Perpetual Care will be executed by the Mayor conveying the space(s) free and clear of all encumbrances and delivered to the purchaser.

Applicant Signature: _____

Date: _____

Clerk Signature: _____

Date: _____