

CITY OF



WASHINGTON

301 C Street, P.O. Box 296, Washington, KS 66968

**WASHINGTON CITY CEMETERY
BURIAL AUTHORIZATION FORM**

Date of burial: _____

Name of deceased: _____

Date of Birth: _____ **Date of Death:** _____

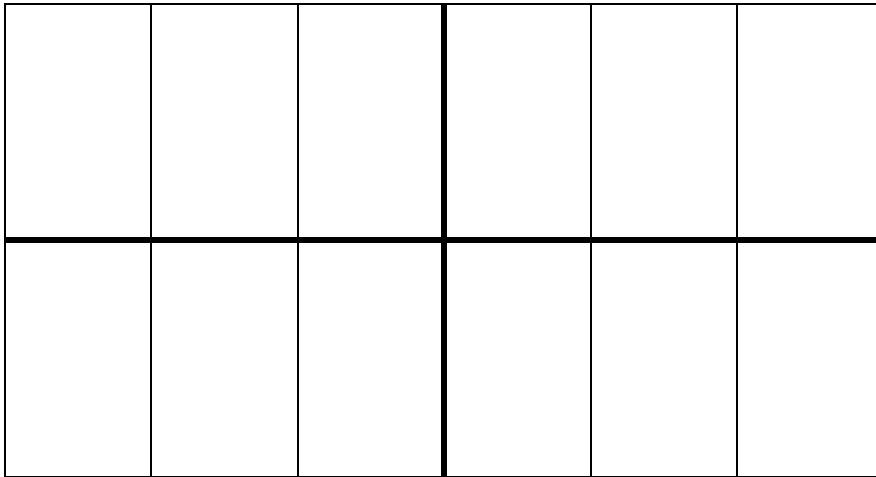
Block: _____ **Lot:** _____

Lot Owner: _____

Please Indicate: **Full Burial** **Cremation** **Vault Size:** _____ **X** _____

Please indicate on the diagram below the desired location of the burial:

WEST



EAST

Signature of Authorized Representative *Date*