



CITY OF SUMAS
Cemetery
Plot Purchase

Full Name of Deceased/Reserved Person:

Date of Birth: _____

Date of Death: _____

Plot Location: _____

Cremaains or Full Body? _____

Funeral Director: _____

Will you be placing a head stone? _____

Veteran? _____ Branch Served? _____

Name of Purchaser: _____

Address: _____

Email Address: _____

Phone Number: _____

Signature: _____

Date: _____