Guiceland Cemetery Data Collection

Date: / 20

Section: (Circle one) Old North South West Grave Index No. Lot/Row: Grave/Plot: Last Name: _____ First Name: **Gender:** (Circle one) Male Female **DOB:** ____/____ Place of Birth: _____ **DOD:** / Place of Death: Date of Internment: ____/____ Funeral Home: _____ Monument Co.: _____ Burial Type: (Circle one) Casket Urn Memorial **Veteran:** (Circle one) Yes No Military Branch of Service: (Circle one) Army Navy Marines Air Force Coast Guard Other: _____ Theater of Operation or Name of Conflict: Spouse's Name: Street Address _____ City: _____ State: ____ Zip: ____ Mobile Number: (_______ Email address: Other information: