

STANHOPE UNION CEMETERY

BURIAL FORM

FAX TO: 973.347.9314

EMAIL TO: stanhopeunioncemetery2@gmail.com

DATE: _____

TIME: _____

DECEASED NAME: _____

DATE OF DEATH: _____ DATE OF BIRTH: _____

ADDRESS: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

PLOT OWNER-
DEED: _____

ADDRESS: _____

PHONE: _____

BURIAL DATE: _____ TIME: _____

PLOT #: _____ SECTION #: _____ GRAVE #: _____

TYPE OF GRAVE: _____ NICHE #: _____

OTHER: _____

STANHOPE UNION CEMETERY

BURIAL FORM

FAX TO: 973.347.9314

EMAIL TO: stanhopeunioncemetery2@gmail.com

FUNERAL HOME: _____

DIRECTOR: _____

PHONE #: _____ FAX: _____

EMAIL: _____

MAILING ADDRESS: _____

FEES:

PLOT/ GRAVES _____

GRAVE CREMATION _____

NICHE _____

FOUNDATION _____

WINTER CHARGE _____

BUILDING NEEDED _____(N/C)