

Lakemont Cemetery Association
PO Box 113 ~ Lakemont, NY 14857
lakemontcemetery@gmail.com

DATA COLLECTION FORM

NAME OF DECEASED

FIRST _____

MIDDLE _____

LAST _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

DATE OF DEATH _____

FAMILY CONTACT INFORMATION

NAME _____

ADDRESS _____

CITY/ST/ZIP _____

PHONE _____

EMAIL _____

NAME _____

ADDRESS _____

CITY/ST/ZIP _____

PHONE _____

EMAIL _____

Please return this to Lakemont Cemetery Association prior to interment