

West Point Cemetery Information Sheet

Owner/Contact Information

Name:
Address:
Phone Number:
Grave Sites Purchased:

Deceased Information

Name (including maiden):
Birth date (month, day, year):
Birth place (city, county, state, country):
Death date (month, day, year):
Death place (city, county, state, country):
Burial date (month, day, year):
Grave location:
Age:
Gender:
Father full name:
Mother full name (including maiden):
Spouse full name (including maiden):
Veteran (Y/N)
War:
Branch of Service:

Funeral Home Information

Name:
Address:
Phone Number:

Agreement Authorization

I am in receipt of the West Point Cemetery District (WPCD) burial requirements. I acknowledge State, County and WPCD requirements can change and all burials must comply with current requirements at time of burial. A marker with Name, Year of Birth and Death is required at day of burial.

Signed: _____ Date: _____

West Point Cemetery Authorization Signature

Signed: _____ Date: _____