



# Town of Lincklaen

## Cemetery Plot Purchase Form



\_\_\_\_\_  
 Last Name (also include *Maiden Name* if applicable)      First Name      Middle Name

\_\_\_\_\_  
 Street Address      Apartment #

\_\_\_\_\_  
 City      State      Zip code

\_\_\_\_\_  
 Phone #      Cell #      Email

\_\_\_\_\_  
 Date of Birth      City & State of Birth      Country of Birth

**MARITAL STATUS:**

(Check one):  Single  Married  Widowed  Divorced

\_\_\_\_\_  
 First & Last Name of SPOUSE  
(also include *Maiden Name* if applicable)

\_\_\_\_\_  
 First & Last Name of FATHER      First & Last Name of MOTHER (also include *Maiden Name*)

\_\_\_\_\_  
 Name of Executor of Will/Power of Attorney/other contact person

\_\_\_\_\_  
 Relationship to you      Phone #      Cell #

**OFFICE USE ONLY:**

\_\_\_\_\_  
 Cemetery Name      Single Plot - **\$250**      Double/Companion Plot - **\$400**

\_\_\_\_\_  
 Receipt #      Amount Paid      Purchase Date

Payment Options:  Cash  Check # \_\_\_\_\_

Plot # Assigned: \_\_\_\_\_