

**CALUMET CEMETERY**

**TOWN OF CALUMET, OK**

**REQUEST FOR GRAVE SITE MARKING AND BURIAL PERMIT**

DATE \_\_\_\_\_ DECEASED \_\_\_\_\_

AGE \_\_\_\_\_ MALE/FEMALE PLACE OF BIRTH \_\_\_\_\_

PARENTS: FATHER \_\_\_\_\_

MOTHER-MAIDEN NAME \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ CAUSE OF DEATH \_\_\_\_\_

LOCATION OF DEATH \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

**PARTY RESPONSIBLE FOR OPENING AND CLOSING**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

FUNERAL HOME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX# \_\_\_\_\_

DATE OF SERVICES \_\_\_\_\_ TIME OF SERVICES \_\_\_\_\_

BLOCK \_\_\_\_\_ PLOT \_\_\_\_\_ LOT \_\_\_\_\_

PERSON REQUESTING BURIAL PERMIT \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_ COMM. EXPIRES \_\_\_\_\_

**FAMILY MEMBERS  
NAME AND ADDRESS**

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