



**LaVerkin City
CEMETERY LOT PUCHASE AND/OR BURIAL**

NAME: _____

MAILING ADDRESS: _____

CITY: _____

BURIAL LOT/NUMBER(S) _____

RESIDENT: _____ **\$300.00** **AMT:** _____

NON-RESIDENT _____ **\$525.00** **AMT:** _____

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**OPEN/CLOSE OF GRAVES**

**WEEKDAYS:** \_\_\_\_\_ **\$150.00** **AMT:** \_\_\_\_\_

**WEEKENDS/HOLIDAYS** \_\_\_\_\_ **\$500.00** **AMT:** \_\_\_\_\_

**INFANTS WEEKDAYS:** \_\_\_\_\_ **\$ 100.00** **AMT:** \_\_\_\_\_

**INFANTS WKENDS/HOL** \_\_\_\_\_ **\$500.00** **AMT:** \_\_\_\_\_

**CREMATION WKDYS:** \_\_\_\_\_ **\$100.00** **AMT:** \_\_\_\_\_

**CREMATION WKENDS:** \_\_\_\_\_ **\$500.00** **AMT:** \_\_\_\_\_

Mortuary Information:

**TOTAL AMT PD:** \_\_\_\_\_

**Check #** \_\_\_\_\_

**Cash:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Cemetery Sexton**  
**Cc: Cemetery Sexton, Deputy Recorder**

\_\_\_\_\_  
**Date**