

**VALLEY VIEW CEMETERY**  
**MT. OLIVET CEMETERY**  
**APPLICATION FOR BURIAL OF ASHES**

Permission is hereby Granted for burial of ashes of: \_\_\_\_\_

Ashes will be buried in the following grave site: \_\_\_\_\_

Any further information of where ashes will be: \_\_\_\_\_

Valley View Original \_\_\_\_\_

Original Deed

Valley View 1<sup>st</sup> Addition \_\_\_\_\_

Bk \_\_\_\_\_

MT. Olivet \_\_\_\_\_

Pg \_\_\_\_\_

Lot \_\_\_\_\_ Section \_\_\_\_\_ Space \_\_\_\_\_ Block \_\_\_\_\_

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Will ashes have a headstone or marker

Yes \_\_\_\_\_

No \_\_\_\_\_

Approximate date of burial \_\_\_\_\_

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Date of Request \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

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Cemetery Board Member or Cemetery Sexton

\_\_\_\_\_  
Date \_\_\_\_\_