



Burial Space Purchase Request

clerk@evangelinetwp.org

Date: _____

Name: _____

Address: _____

Phone number: _____

Email: _____

Veteran?: Yes No Conflict: _____ Service Branch _____

Current Evangeline Township Resident	Did you ever live in Evangeline Township?	What date?	How many years?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Parents buried in Cemetery?	If yes - Section number	Lot #	Burial Position	Date Buried
Yes <input type="checkbox"/> No <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>			

Cremation - Yes <input type="checkbox"/> No <input type="checkbox"/> (Can place 6 cremains in burial space)	Vault - Yes <input type="checkbox"/> No <input type="checkbox"/> (Can place 1 vault and 2 cremains in burial space)
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Official Use Only

Approval?	If approved: Section	Lot #	Burial Space	Date
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>			
Committee Members Signatures	1.			
	2.			