



clerk@evangelinetwp.org

Request for Sexton Services in Evangeline Township Cemetery

Person/Funeral Home requesting service: _____

Phone #: _____ Email: _____

Name of Deceased: _____

Date of Death: _____ Death Certificate Received: Yes No

Evangeline Township Resident	Address	How many years?
Yes <input type="checkbox"/> No <input type="checkbox"/>		

Date of Memorial Service: _____ Time of Memorial Service: _____

Cremains: OR Burial:

Has a cemetery burial space been purchased?	Section	Lot #	Burial Space	Cost for burial services
Yes <input type="checkbox"/> No <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>			

Veteran?: Yes No Conflict: _____ Service Branch _____

Prior to the Ceremony: Please provide the following:

1. Copy of death certificate and
2. Check for payment.

Make check payable to: Evangeline Township, PO Box 396, Boyne City, MI 49712

NOTE: Please send measurements for stone & platform for approval to Sexton:

Mark Fruge 231.675.1111

Or email address: mdfruge@gmail.com

Thank you Evelyn Howell, Township Clerk