

**TOWN OF BASHAW
CEMETERY PLOT LOCATE REQUEST**

Date of Request: _____

Date Locate Required: _____

Name of Contact: _____

Phone: _____ **Email:** _____

Name of Deceased: _____

Date of Birth: _____

Date of Death: _____

Block: _____ **Lot:** _____ **Plot:** _____

Cremation

Burial

**This area is for town use.*

Death Certificate Received

Burial Permit Received

NOTES FROM ADMIN: _____

HEADSTONE	

NOTES FROM PUBLIC WORKS: _____

Admin Signature

Public Works Signature