

**PLYMOUTH TOWNSHIP
MAPLE GROVE CEMETERY
BURIAL FORM**

Name of Deceased

Date of Birth

Age Years Veteran

Birthplace

Residence

Date of Death

Cause of Death

Funeral Director

Date of Burial..... Cremation Vault.....

(Please check one)

Vault Type

Owner of lot

Section Lot#..... Grave #

REQUEST FOR GRAVE OPENING

**This form must be filled out in full and presented to the Road
Superintendent (or Township representative) PRIOR to interment.**

I hereby release Plymouth Township and its Trustees of any responsibility in the burial

of in Maple Grove Cemetery.

Date

Witness Signed.....

Relationship to Deceased