

CATHOLIC CEMETERIES IN THE ARCHDIOCESE OF MILWAUKEE

Christian Burial Authorization for _____ Cemetery

_____ Wisconsin

The Undersigned
requests the Christian Burial of _____
Name of Deceased

Burial Location:

In-Ground < Block > < Section > < Row > < Lot > < Grave >
Above-Ground < Crypt / Niche > < Tier > < RS / LS > < Inside > < Outside >

_____ Death Place _____ Date of Birth _____ Date of Death _____ Age

_____ Relationship to _____ Date / Time of Burial _____ Vault Type _____ Cause of Death
Responsible Party

_____ Marital Status _____ Veteran / Conflict _____ Gender _____ Full Body / Cremation

_____ Last Residence

_____ Family Information (e.g. parents' names, spouse's name, names of children, if offered)

IN WITNESS HEREOF, the Owner(s) of Burial Rights, Bloodline Heirs, or appointed representatives of the above-mentioned burial space attest to the right of burial executed by this order:

Signed this _____ day of _____, _____

_____ Signature of Responsible Party

_____ Name of Responsible Party [printed]

_____ Address / City / State / Zip Code

_____ Telephone Number(s) _____ Email Address

_____ Funeral Home / City, State, if arranging _____ Signature of Funeral Director or Other Witness