



GENEALOGY REQUEST FORM

Date of Inquiry: _____

NAME OF INQUIRER: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

E-MAIL: _____

1-3 Names	\$20.00	_____
4-6 Names	\$30.00	_____
7 or more names, per name charge in addition to \$30	\$ 5.00	_____

TOTAL PAYMENT DUE: \$ _____

Paid CR# _____

Date Paid _____

LOT REGISTER RECEIVED: YES NO (PLEASE CIRCLE ONE)

Name of Decedent

Death Date

Burial Location
