

*McFarland City Cemetery*  
*Lot Purchase & Deed Application Form*

Please PRINT or TYPE the information below and return completed application with payment.

**PURCHASER(S)**

Name/s on Deed: \_\_\_\_\_  
(Please **PRINT** Full Legal Name/s, including middle initial/s, as they should appear on the Cemetery Deed)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Township of Residence: \_\_\_\_\_

**GRAVE DESIGNATION(S)**  
(to be assigned or determined by Sexton)

**Block Number:** \_\_\_\_\_ **Lot Number:** \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City & State of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Name of Mother (Maiden) \_\_\_\_\_

Amount of Payment: \_\_\_\_\_ Date of Payment: \_\_\_\_\_

Signature of Purchaser: \_\_\_\_\_

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**Block Number:** \_\_\_\_\_ **Lot Number:** \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City & State of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Name of Mother (Maiden) \_\_\_\_\_

Amount of Payment: \_\_\_\_\_ Date of Payment: \_\_\_\_\_

Signature of Purchaser: \_\_\_\_\_

**PAYMENT OPTIONS:**

Full payment must accompany this application

\_\_\_\_\_ 1) CASH

\_\_\_\_\_ 2) CHECK

\_\_\_\_\_  
Signature of Cemetery Sexton

\_\_\_\_\_  
Signature of City Clerk

Rev 11/2016 <b>OFFICIE USE ONLY:</b>		
_____	_____	_____
<b>Amount Paid</b>	<b>Receipt #</b>	<b>Purchase Date</b>
_____	_____	_____
<b>Section Assigned</b>	<b>Plot # Assigned</b>	