



Fairview Cemetery
Burial Order

Block: _____ Lot: _____ Space: _____

Name of Deceased: _____

Age: _____ Date of Birth: _____ Date of Death: _____

Church _____ Circle Type of Service: _____
Chapel _____ Graveside _____

Date of Service: _____

Time of Service: _____

Estimated Arrival Time : _____

Circle Type of Outside Container Used:
Individual Mausoleum _____ Underground _____ 2 PC Concrete Grave Liner _____

Funeral Home: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Comments: _____

Funeral Director Signature

FOR OFFICE USE ONLY

Public Works Department

City Hall

Invoiced Date: _____ Paid: _____ Updated Book: _____ Updated Computer: _____

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