

Town of Winamac
 Clerk-Treasurer's Office
 120 W. Main St.
 Winamac, IN 46996



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 Fax: 574-946-3436

WINAMAC MUNICIPAL CEMETERY BURIAL REQUEST FORM

Winamac Cemetery, 414 South 50 West, Winamac, IN 46996

DECEASED'S INFORMATION:

Last Name:	Maiden Name (Optional):	
First Name:	Middle Name:	Age:
Last Known Address:		
City:	State:	Zip Code:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-Binary		
Date of Birth:	Date of Death:	
Place of Death:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated		

Veteran? YES NO **Headstone or Marker already placed?** YES NO

NEXT OF KIN:

Last Name:	First Name:	MI:
Address:		
City:	State:	Zip:
Phone: ()	Email:	
Relationship to deceased:		
Signature of Next of Kin:		Date:

INTERMENT TYPE: FULL BURIAL CREMATION BURIAL NICHE

Location of Burial: Section	Lot#	Space#
Is the deceased the lot owner? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, describe relationship:		
Requested Date/Time of Burial Service:		

I acknowledge the above information to be true and accurate and agree to abide by the Rules and Regulations of said cemetery as well as the Laws of the State of Indiana. I will submit a Burial Transit Permit and Cemetery Maintenance Fee to the cemetery prior to interment. A licensed Indiana Funeral Director will attend and supervise the interment.

Funeral Director: _____ Phone: _____
 Signature: _____ License: _____

FOR OFFICE USE ONLY:

Maintenance Fee Collected: <input type="checkbox"/> \$500	Digger Contacted: <input type="checkbox"/> YES Initial:
Burial Transit Permit#	OPENING/CLOSING FEE COLLECTED: <input type="checkbox"/>
Received and Approved for Burial:	Date: