



55 N Main St., Ivins UT 84738
 Telephone: 435-628-0606
 Fax: 435-674-5486

CEMETERY GENERAL INFORMATION FORM

Certificate Number: _____

PLOT(S):

Name: _____ Block ____ Lot ____ Plot ____
 Name: _____ Block ____ Lot ____ Plot ____
 Name: _____ Block ____ Lot ____ Plot ____
 Name: _____ Block ____ Lot ____ Plot ____
 Name: _____ Block ____ Lot ____ Plot ____
 Name: _____ Block ____ Lot ____ Plot ____
 Name: _____ Block ____ Lot ____ Plot ____

NAME OF PURCHASER: _____

ADDRESS OF PURCHASER: _____

PHONE NUMBER OF PURCHASER: _____

EMAIL ADDRESS OF PURCHASER: _____

NEXT OF KIN: _____

ADDRESS OF NEXT OF KIN: _____

PHONE NUMBER OF NEXT OF KIN: _____

OFFICE USE ONLY - GL CODES USED FOR BILLING:

TRADITIONAL PLOT	RESIDENT	Quantity: _____	X	\$300.00 = _____	GL CODE: 79-34-810
TRADITIONAL PLOT	NONRESIDENT	Quantity: _____	X	\$600.00 = _____	GL CODE: 79-34-810
CREMATION PLOT	RESIDENT	Quantity: _____	X	\$150.00 = _____	GL CODE: 79-34-810
CREMATION PLOT	NONRESIDENT	Quantity: _____	X	\$300.00 = _____	GL CODE: 79-34-810
BURIAL FEES		Quantity: _____	X	\$250.00 = _____	GL CODE: 10-34-830
PERPECTUAL CARE		Quantity: _____	X	\$250.00 = _____	GL CODE: 79-34-820

Total \$ _____ **Payment Type:**

Date Paid:

Entered into Spatial Generations		Created File and Scanned into S:	
Paperwork Complete & Signed			