

CITY OF ISHPEMING

CEMETERY WORK ORDER FOR SPECIAL SERVICES

Cemetery Work Order for Lot Deed

Deed # _____

Perpetual Care # _____

DATE _____, 20_____

LOT OWNER _____

NAME OF DECEASED _____

LOT	BLK.	SP	DESCRIPTION OF WORK	<input checked="" type="checkbox"/>	\$ AMOUNT
			Grave Opening Full Burial	<input type="checkbox"/>	
			Grave Opening Cremains	<input type="checkbox"/>	
			Perpetual Care	<input type="checkbox"/>	
			Winter Fee	<input type="checkbox"/>	
			Graveside	<input type="checkbox"/>	
			Lot Sale	<input type="checkbox"/>	
			Columbarium	<input type="checkbox"/>	
			Other	<input type="checkbox"/>	

TOTAL = \$ _____

WORK ORDERED AND TO BE PAID BY:

DEED OWNER:

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

White - Receipt/ Yellow - Cemetery/ Pink - City Hall/ Gold - Cemetery
This Order is Payable in Advance at the Office of the City Treasurer