

CITY OF OLNEY

300 S. Whittle Avenue, Olney, IL 62450
Phone (618) 395-7302 Fax (618) 395-7304
E-Mail olneyil@ci.olney.il.us

CONTRACT FOR GRAVE OPENING

Name of Deceased: _____

Male Female Age _____ Resident Non-Resident

Date of Birth _____ Date of Death _____

Date of Burial _____ Time of Arrival at Cemetery _____

Funeral Director _____

Vault Company _____

Type of Burial: Full Body Cremation

Cemetery

Haven Hill Cemetery Haven Hill Memorial Gardens Maple Dale Cemetery

Mausoleum: Old New Personal

Burial Lot and Space _____

Owner of Lot as Shown on Deed _____

Cost of Grave Opening \$ _____ Date Paid _____ Receipt # _____

Signature of Relative(s)/Authorized Representatives(s) City of Olney

_____ By: _____

Relationship: _____ Title: _____

Relationship: _____

Address: _____

Phone: _____

E-mail: _____ Dated: _____, 20 ____.