

City of Crossville Cemetery Form

Please complete entire form

Funeral Home _____

DECEASED INFORMATION:

Name of Deceased _____

Date of Birth: _____ Date of Death: _____

Location of Service _____

Service Date: _____ Time: _____

Veteran ? (Y/N) _____ If so, which branch? _____

Grave Location: _____ Graveside Service? (Y/N) _____

Grave Type: Regular _____ Child _____ Cremains _____

Type: Vault _____ Steel Box _____ Plastic Box _____

Cremains Container Size: _____

Field Order #: _____

OWNER INFORMATION:

Name of Owner of Grave: _____

Address _____

City _____ State _____ Zip _____

If you need assistance, please call 931-484-5113 and ask for the City Clerks Office.