

Maple Hill Cemetery

Interment Allocations

(Co)Owner(s)

Name(s)	Phone #1
	Phone #2
Address	City, State, Zip
Email Address #1	Email Address #2

Plot #1	Section	Row	Lot #
Name if Name can not be assigned, use "UNASSIGNED" then LAST NAME			
Relationship to Owner ... if Owner then enter SELF			
Notes			
Veteran: <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Other			

Plot #2	Section	Row	Lot #
Name if Name can not be assigned, use "UNASSIGNED" then LAST NAME			
Relationship to Owner ... if Owner then enter SELF			
Notes			
Veteran: <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Other			

Plot #3	Section	Row	Lot #
Name if Name can not be assigned, use "UNASSIGNED" then LAST NAME			
Relationship to Owner			
Notes			
Veteran: <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Other			

Plot #4	Section	Row	Lot #
Name if Name can not be assigned, use "UNASSIGNED" then LAST NAME			
Relationship to Owner			
Notes			
Veteran: <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Other			

If this is a multiple plot purchase (3 or more), please name a Jewish Successor to assume full Burial Rights when the original owner(s) is not able.

Successor Name	Phone #
Address	City, State, Zip
Email Address	Relationship

Owner(s) Signature	Date
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Accepted and agreed by Maple Hill Association Member Signature	Date
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