

# MORTON CEMETERY ASSOCIATION

611 Morton Street, Richmond, TX 77469  
281-342-2857 fax 281-342-1116  
www.mortoncemetery.com

## BURIAL INFORMATION

*In order to assist in record keeping, the Cemetery Association asks that all families/funeral homes complete the following information:*

NAME OF DECEASED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

DATE NOTIFIED: \_\_\_\_\_ DATE/TIME OF BURIAL: \_\_\_\_\_

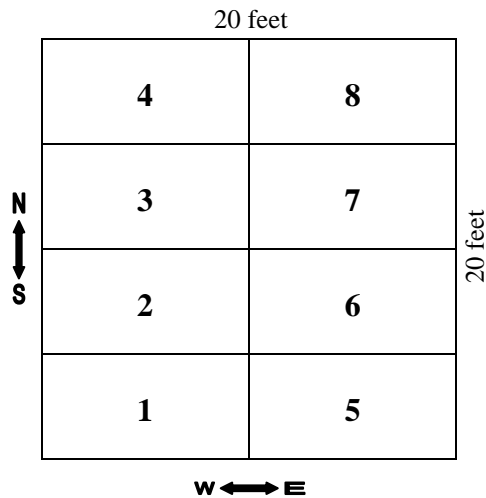
FUNERAL HOME INFORMATION: \_\_\_\_\_

SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_ SPACE#: \_\_\_\_\_ LOT OWNER: \_\_\_\_\_

IF A CREMATION, NOTE PLACEMENT WITHIN SPACE: TOWARD HEAD , CENTER  or TOWARD FOOT

COMMENTS: \_\_\_\_\_

**Lot Spaces are numbered as follows:**



I (We) undersigned, acting as the legal Next of Kin and/or the Property Owner, hereby authorize Morton Cemetery Association or its agents to inter the decedent in the section, lot and space number indicated.

Signed this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_