

**MELROSE CEMETERY  
FUNERAL FORM  
FAX: 508-580-7889**

FUNERAL HOME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX#: \_\_\_\_\_

NAME OF DECEASED: \_\_\_\_\_  
MALE/FEMALE

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

AGE: \_\_\_\_\_

DATE OF INTERMENT: \_\_\_\_\_

TIME OF ARRIVAL: \_\_\_\_\_

CONTAINER: \_\_\_\_\_

SECTION: \_\_\_\_\_

**DEED INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**FOR NEW GRAVES**

Is the deceased a Brockton Resident? YES / NO

If no, does the deceased have a spouse, mother, father, brother or sister  
buried at the cemetery? YES / NO

If yes, name and location: \_\_\_\_\_

\_\_\_\_\_