

**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: _____
