MIDWAY CITY CEMETERY
Burial Plot Sales Application

APPLICANT:

Name:_____

Primary Residence:_____

City:_____ State:_____ Zip:_____

Phone:_____ Cell:_____

Email:_____

JOINT APPLICANT:

Name:_____

Primary Residence:_____

City:_____ State:_____ Zip:_____

Phone:_____ Cell:_____

Email:_____

HEIR OR AUTHORIZED FAMILY CONTACTS: (Someone who may be contacted in case of emergency)

Name:_____

Phone:_____ Cell:_____

Email:_____

Name:_____

Phone:_____ Cell:_____

Email:_____

APPLICANT SIGNATURE:_____ DATE:_____

For Administrative Use Only

Burial Plot Type:

1. Standard Single Adult/Child Plot: _____
2. Stacked Double Depth Plot: _____
3. Standard Cremation Plot: _____
4. Cremation Niche: _____
5. Infant Plot: _____

Total Number of Plots: _____

Burial Lot ID Numbers:

_____ _____ _____ _____

_____ _____ _____ _____