

TOWN OF FAIRPLAY
400 Front Street
P. O. Box 267
Fairplay, CO 80440
719-836-2622

CEMETERY AGREEMENT

Name of Deceased _____

Date of Birth _____ Date Deceased _____

Date of Burial _____ Casket _____ Cremains _____

Placement in Cemetery _____

Funeral Home _____

Funeral Home Address/Phone _____

Relative to Contact: _____

Address: _____

Telephone: _____

Relative to Contact: _____

Address: _____

Telephone: _____

DEPOSIT

Paid by: _____

Amount: _____ Date deposited _____

Address: _____

Receipt acknowledged by: _____

REFUNDED DEPOSIT

Refunded to: _____

Address: _____

Telephone: _____

Amount Refunded: _____ Date Refunded: _____

To be refunded to: _____

Address: _____

Upon placement of permanent marker.