

SHEFFIELD TOWNSHIP
Gageville Cemetery
Burial Form

This form must be filled out in full and presented to the Cemetery Sexton or Township Representative PRIOR to Intermit.

Full Name of Deceased _____

Date of Birth _____

Age _____ Years Veteran – Circle Yes or No

Birthplace (City & State) _____

Residence _____

Date of Death _____

Funeral Home _____

Date of Burial _____

Please check one: Cremation _____ Vault _____

Owner of Lot _____

Section _____ Lot _____ Grave # _____

I hereby release Sheffield Township and its Trustees of any responsibility in the burial of _____ in Gageville Cemetery.

Signed _____ Date _____

Relationship to deceased _____