



Request for Burial at Mount Carmel

Please fill out the following information for the person requesting a plot at the Mount Carmel Baptist Church Cemetery.

Name of Requestor(s) _____

Mailing Address _____

Primary Phone _____

Email _____

Date(s) of Birth _____

If you are making the request on behalf of someone else, as his or her legal representative, please fill out your information below:

Name _____

Mailing Address _____

Primary Phone _____

Email _____

Member Status:

A Member of Mount Carmel Baptist Church

A Non-member with close ties to the church

In submitting this application, I acknowledge that I have received a copy of the Cemetery Policy and agree to abide by all provisions of the policy. I also agree to notify the church office of any changes in contact information provided above. Failure to do so may result in forfeiture of the assignment (see section 3 of the policy). I also understand that the assignment is not complete until approved by the Cemetery Committee and all fees paid.

Signature Date

FOR OFFICE USE ONLY
Assignment Confirmation

Upon receipt of the sum of \$ _____, Mount Carmel Baptist Church hereby assigns in the name(s) of:

Tract # _____ Row # _____ Plot # _____ in the Mount Carmel Baptist Church Cemetery, subject to the Rules of Operation adopted from time to time by the Church. If these fees are prepaid, they will be held in escrow by Mount Carmel Baptist Church and paid out at the time of burial. Any refund or additional costs will be assessed at that time.

By execution hereof, _____ shall be the Subscriber(s)' authorized representative with respect to matters concerning the plot.

Name and Address of next of kin after spouse: _____

Signature of Chair of the Cemetery Committee Date