

**Woodlands Cemetery
Burial Order**

Date: _____

Name of Deceased: _____

Late Residence: _____

Place of Death: _____

Place of Birth: _____

Age: _____

Date of Birth: _____

Date of Death: _____

Sex: _____

Cause of Death (optional): _____

Medical Attendant name (optional): _____

Address: _____

Clergyman (optional): _____ **Religion:** _____

When to be Interred: _____

Time: _____ **Row:** _____ **Plot:** _____

Owner of the Lot: _____

Nearest Relative: _____

Address: _____

Burial Information Supplied and Ordered By:
