

BURIAL PLOT VERIFICATION

To: _____
(Name of Cemetery)

(Address and/or Fax #)

Date: _____
Name: _____
Last 4 digits of SS#: _____

The above person has applied for residency (or is a resident) at _____. As part of our processing, we require verification of household's assets, income, expenses and other information related to eligibility. The applicant/resident hereby authorizes the release of information by signing this release form. Please complete the section below and return it in the enclosed self-addressed envelope or fax it to _____. Thank you in advance for your prompt attention. If you have any questions, please contact us at _____.

Sincerely,

Manager _____ (Signature of Applicant/Resident) _____ Date _____

THE FOLLOWING TO BE COMPLETED BY AUTHORIZED REPRESENTATIVE: (Please be sure to answer all questions)

Cemetery Plot #(s): _____

Is this plot(s) able to be sold or transferred? YES NO

If the plot(s) can be transferred or sold, please answer the following:

GROSS VALUE \$ _____

LESS (any charges/costs to sell or transfer) \$ _____

NET CASH VALUE \$ _____

I hereby certify the information above is true and correct.

Authorized Representative Signature

Printed Name & Title

Date

Telephone

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder