

# MANNING WALLAMBA FAMILY HISTORY SOCIETY Inc

## BURIAL RECORDS

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

DEATH DATE: \_\_\_\_\_ DEATH PLACE: \_\_\_\_\_

BURIAL DATE: \_\_\_\_\_ BURIAL PLACE: \_\_\_\_\_

CREMATION DATE: \_\_\_\_\_ CREMATORIUM: \_\_\_\_\_

ASHES PLACED: \_\_\_\_\_ AGE: \_\_\_\_\_

CEMETERY SECTION \_\_\_\_\_ GRAVE NO: \_\_\_\_\_

SPOUSE/S: \_\_\_\_\_

PARENTS: \_\_\_\_\_

DO YOU HAVE DOCUMENTATION OF ABOVE YES/NO

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

DEATH DATE: \_\_\_\_\_ DEATH PLACE: \_\_\_\_\_

BURIAL DATE: \_\_\_\_\_ BURIAL PLACE: \_\_\_\_\_

CREMATION DATE: \_\_\_\_\_ CREMATORIUM: \_\_\_\_\_

ASHES PLACED: \_\_\_\_\_ AGE: \_\_\_\_\_

CEMETERY SECTION \_\_\_\_\_ GRAVE NO: \_\_\_\_\_

SPOUSE/S: \_\_\_\_\_

PARENTS: \_\_\_\_\_

DO YOU HAVE DOCUMENTATION OF ABOVE YES/NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that the information may be used in publications in the future.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_