

Chapel Hill Memorial Park

4775 S. 60th St. Greenfield, WI 53220 • 414.281.5080 • Fax 414.281.9144
info@ChapelHillMemorialPark.org

You are hereby authorized and instructed, subject to your rules and regulations, to Inter the remains of:

Name: _____

Married

Single

Widowed

Date of Service: _____

Time: _____

Date of Birth: _____

Birth City/State: _____

Date of Death: _____

Death City/State: _____

Military: _____

War/Year of Service: _____

Interment Authorized By:

Funeral Home:

Responsible Party

Name of Funeral Home

Relationship to Deceased

Funeral Director

Signature

Address

Address

City , State, Zip

City, State, Zip

Phone

Phone

Email Address