

# BURIAL SERVICE ORDER

MEETEETSE CEMETERY DISTRICT  
P.O. BOX 351  
MEETEETSE, WYOMING 82433  
Phone (307)868-2278 Fax (307)868-2608  
E-mail: meeteetse@tctwest.net

NAME OF CONTACT \_\_\_\_\_ DATE \_\_\_\_\_

CONTACT ADDRESS \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF DECEASED \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DEED NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

ACTION DATE \_\_\_\_\_ TIME OF SERVICE BEING HELD \_\_\_\_\_ A.M. P.M.  
(circle one)

## BURIAL LOCATION

LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SITE \_\_\_\_\_

CASKET BURIAL \_\_\_\_\_ CREMATION BURIAL \_\_\_\_\_

SPREADING ASHES \_\_\_\_\_ OTHER (PLEASE SPECIFY) \_\_\_\_\_  
\_\_\_\_\_

OPENING/CLOSING FEE \$50.00 RECEIPT NUMBER \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK \_\_\_\_\_ CASH \_\_\_\_\_

WORKER ON-CALL \_\_\_\_\_

DATE REVIEWED \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_