



BURIAL FORM

City of Gulfport
Department of Leisure Services
Evergreen Cemetery
Phone: (228) 214-3600
Fax: (228) 214-3602

Funeral Home:

Funeral Home Rep:

Date of Form Submission:

Time of Form Submission:

Deceased (Full Name)

Age:

Deceased Address

Date of Death:

Place of Death:

Date of Birth:

Status: Single Married Divorced Widow

Next of Kin:

Date of Interment:

Next of Kin Address

Graveside Service Time:

Outside Container:

Next of Kin Phone:

Name of Lot Owner:

Name of Cemetery: EG EC PRG PRC

Block _____ Lot _____ Space _____

**Following the submission of this burial form, we will call confirming the submitted service.*

Cemetery Office Use Only:

Computer: _____ Fax to Cemetery Office: _____ Invoiced: _____

Verified Address: _____ Deed: _____ Cemetery Office Book _____

*Please fill out form and fax to Cemetery office prior to service.
This form can also be found on our Website @:
www.GulfportLS.com