



Plot Owner Signature: _____

Funeral Director Signature: _____

Customer Information Form

Today's Date: ___/___/2026

Burial In Grave: _____

Location: Grave Section: _____ Plot: _____ Grave(s): _____

Niche Location: Building: _____ Side: _____ Niche: _____

The grave I am purchasing allows: ___ upright/slant or flat markers ___ flat marker only

Plot Owner: _____

Address: _____

Phone & Email # _____

Co-Plot Owner: _____

Address: _____

Phone & Email # _____

Plot Owners Next of Kin: _____

Phone & Email # _____

Burial Information

Please fax or email this form to Rockland Cemetery 2 days prior to burial. Thank you!

Name of Deceased: _____ **Date of Burial:** _____ **Time:** _____

Date of Birth: _____ **Date of Death:** _____ **State of Death:** _____

Funeral Home: _____ **Cremaains** ___ **Wood Casket**___ **Metal Casket**___ **Vault Company** _____

Relation to Plot Owner: _____

Veteran Status: _____ **Branch of Service:** _____ **War:** _____

Volunteer Fire Company: _____

Office Use Only

Payment Received: \$ _____ **Check #** _____ **Credit Card** _____ **Date:** _____

Grave(s):\$ _____ **Niche(s):**\$ _____ **Opening:**\$ _____ (Before 2:30 Monday to Friday)

Saturday Fee: \$ _____ **Over-time Fee:**\$ _____ **Tent:**\$ _____

Holiday Fee: \$ _____ **Short Notice Fee:** \$ _____ **Winter Fee:** \$ _____

Please make all checks Payable to: Rockland Cemetery
****3% Processing Fee added to Credit/Debit Cards****