

CERTIFICATE FOR LOT  
TOWN OF DAY-DAY MEADOWS CEMETERY

Name of Lot Owner: \_\_\_\_\_  
Address of Lot Owner: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
E-Mail address: \_\_\_\_\_

**DAY MEADOWS CEMETERY LOT ASSIGNED:**

Section \_\_\_\_\_ Lot \_\_\_\_\_ Grave \_\_\_\_\_  
Date: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_

In consideration of the fee noted above, the Cemetery Committee of the Town of Day, by virtue of authority delegated to it by the Town Board of the Town of Day hereby grants this Cemetery Lot Burial Right Certificate to the person or family named above, for the lot designated above.

This Certificate is issued pursuant to the Rules and Regulations governing Town of Day cemeteries. A copy of these Rules and Regulations is attached.

TOWN OF DAY CEMETERY COMMITTEE

BY: \_\_\_\_\_  
Member of Cemetery Committee

**FAMILY TREE**

**\*\*Include Maiden Names of Mother, Wife\*\***

**Husband** Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Father \_\_\_\_\_ Mother \_\_\_\_\_

**Wife** Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Father \_\_\_\_\_ Mother \_\_\_\_\_

**Children** In order of birth

Name \_\_\_\_\_ Spouse \_\_\_\_\_ Date Married \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Date of Death \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_ Date Married \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Date of Death \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_ Date Married \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Date of Death \_\_\_\_\_