

Richmond Cemeteries - Input Form for Burial Record

Cemetery: Section:

Lot #: Grave/Row #:

Last Name: First Name: Middle Name:

Maiden Name: Spouse Name (Last, First Middle):

Born: Died: Age:

Birthplace (Town): Birthplace (State): Gender:

Father: Mother:

Burial Date: Burial Type: Funeral Home:

Burial Container: Cremation Container: Memorial Type:

Memorial Inscription:

Notes:

Richmond Fire Department (Y/N)

Richmond Police Department (Y/N)

Veteran (Y/N) VA Stone (Y/N): VA Stone Type:

Branch of Military Service:

Service Notes: