

**Cemetery Reserve/Burial Form (ver. 03/15/2018)**

Decedent Reservation: YES or Burial: \_\_\_\_\_

First MARIA Middle THERESA Last Name CARTWRIGHT

Maiden Name: SHARP Nickname: \_\_\_\_\_

Date of Birth: 1937-12-17 Date of Death: 2018-05-15 Date of Burial: 2018-05-19

Time of Mass or Funeral Eulogy Service: 11:00 am Time of Burial 1:00 pm

**REPRESENTATIVE / RESPONSIBLE PARTY FOR PAYMENT**

Name: DEANE CARTWRIGHT Relation to Decedent: Spouse

Address: 1647 E COTTONWOOD City SIERRA VISTA State AZ ZIP 85635

Cell Phone: 5202347490 Home Phone: \_\_\_\_\_

Email address: desertautomotive@hotmail.com

<input type="checkbox"/> Plot Previously Reserved and Paid For	\$000.00		
	<b>Resident</b>	<b>Non-Resident</b>	
<input checked="" type="checkbox"/> Full Size Plot Purchase	\$500.00	\$600.00	Date Paid: _____
<input type="checkbox"/> Full Size Plot w/ 4 Creains	\$500.00	\$600.00	Check
<input type="checkbox"/> Full Size Plot - 8 Creains	\$500.00	\$600.00	_____
<input type="checkbox"/> Creains - Single Plot	\$250.00	\$250.00	If check - Check #
	<b>SERVICES</b>		102211
<input checked="" type="checkbox"/> Open & Close: Full Size (Machine)		\$300.00	
<input type="checkbox"/> Open & Close: Full Size (Hand Dug)		\$600.00	
<input type="checkbox"/> Open & Close: Creains		\$150.00	
<input type="checkbox"/> Open & Close: Baby Plot (Machine)		\$150.00	
<input type="checkbox"/> Open & Close: Baby Plot (Hand Dug)		\$300.00	
<input type="checkbox"/> Open Only: Full Size (Machine)		\$150.00	
<input type="checkbox"/> Open Only: Creains		\$75.00	
	<b>OTHER</b>		
<input checked="" type="checkbox"/> Maintenance Fee		\$100.00	
<input checked="" type="checkbox"/> Weekend or Holiday Burial		\$100.00	

<input type="checkbox"/> Double Deep	\$100.00
<input type="checkbox"/> Less than 2 days notice(\$100/day x _____) \$ _____	
<b>TOTAL: \$500.00</b>	

**GRAVESITE**

Section Letter:         L                     Row No.             240                     Plot No.             03  
\_\_\_\_\_

Is another person already buried? NO

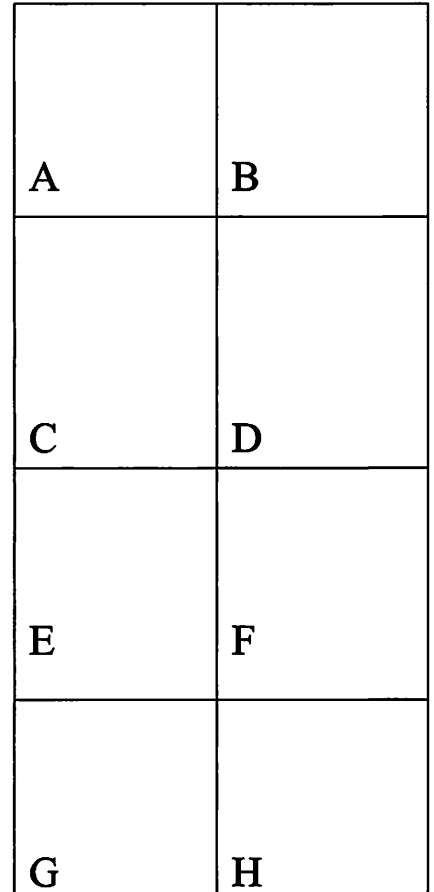
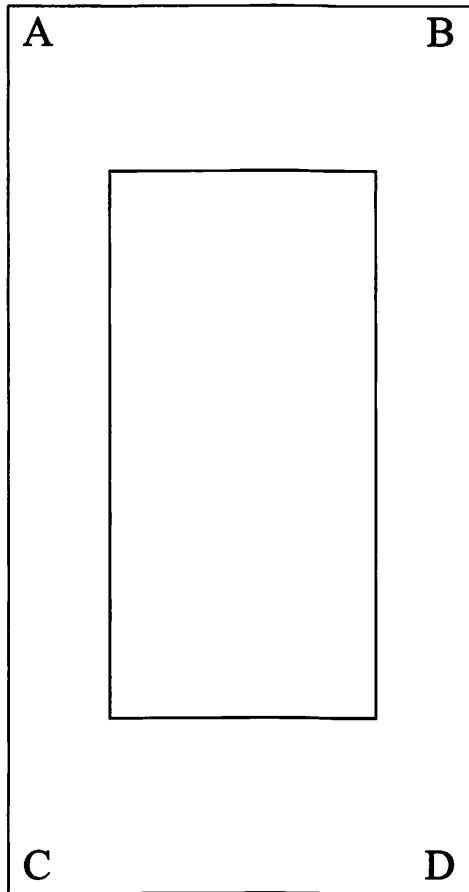
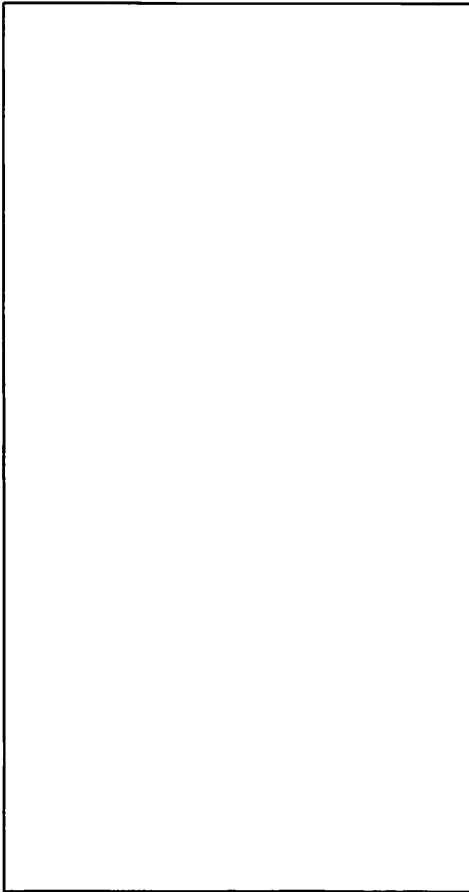
Who   Relationship  
\_\_\_\_\_

Grave to be dug double deep             No  
\_\_\_\_\_

**Additional Info/Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Plot Plan



4x8 Casket Plot  
or  
 3x3 Cremation Plot

4x8 Plot w/casket &  
4 Creains

8 Creains Plot

Approved by Family Member:

TRACEY CLARK  
Print

[Signature]  
Sign

5/16/18  
Date

Approved by Public Works

Print

Sign

Date

City of Bisbee  
118 Arizona Street  
Bisbee AZ 85603 (520) 432-6000

Receipt No: 5.281446 May 16, 2018

CARTWRIGHT MARIA THERESA

Previous Balance:	.00
GENERAL FUND FEES	
CEMETERY OPEN/CLOSE	300.00
21-36-10500	
CEMETERY OPEN/CLOSE FEES	
GENERAL FUND FEES	
CEMETERY MAINTENANCE FEES	100.00
10-34-10510	
CEMETERY MAINTENANCE FEES	
GENERAL FUND FEES	
CEMETERY MAINTENANCE	100.00
FEES/WEEKEND	
10-34-10510	
CEMETERY MAINTENANCE FEES	
Total:	500.00
	=====
CHECK/MONEY ORDER	
Check No: 102211	500.00
Total Applied:	500.00
	-----
Change Tendered:	.00
	=====

05/16/2018 11:58 AM

# EVERGREEN CEMETERY

## WORK ORDER

DATE: 5-16-18 ASSIGNED BY: RAUL WORK ORDER NUMBER: 2

ASSIGNED TO DEPARTMENT: MATT ASSIGNED WORKER: MATT

DECEDENT MARIA THERESA CARTWRIGHT LOCATION: SECTION L ROW 240 PLOT 03

DATE OF BURIAL: 2018-05-19 TIME OF BURIAL: 1:00 pm

SERVICES: Open & Close: Full Size (Machine) GRAVE TO BE DUG DOUBLE DEEP: No

Burial Type Burial Plot Type Full Size Plot

IS THERE ALREADY A PERSON BURIED THERE: NO

IF YES, WHO: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NOTES:

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CONDITION OF LOT:

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RECOMMENDATIONS:

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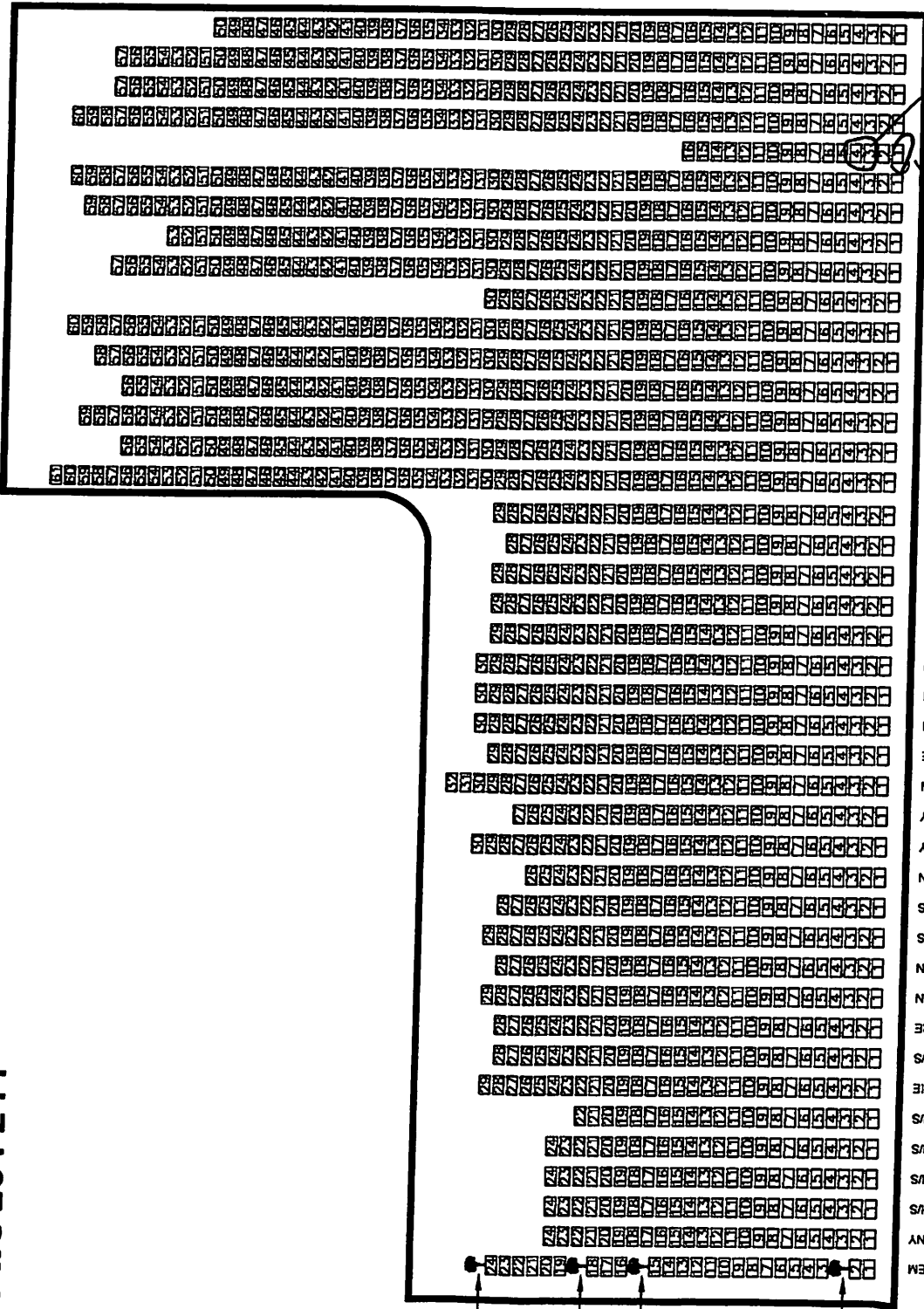
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DATE COMPLETED: \_\_\_\_\_ COMPLETED BY: \_\_\_\_\_

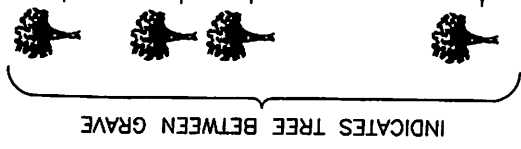
SECTION L ROWS 204-244



- R244 ADVAL CREM
- R243 ELDRIDGE
- R242 RUIZ - NO H/S
- R241 JOHNSON
- R240 CARTWRIGHT
- R239 SHATTUCK - RES
- R238 LIDDLE
- R237 LIDDLE
- R236 ROBERTS
- R235 KENNAUGH
- R234 CUPPIS - NO H/S
- R233 NEWBURY
- R232 MOORE
- R231 WOODS
- R230 CHEROSKE-RES
- R229 UNK
- R228 DONAHUE - NO H/S
- R227 DONAHUE - NO H/S
- R226 MUIR
- R225 MATZELL
- R224 WILSON
- R223 PEDERSON
- R222 MEREDITH
- R221 PETERSON
- R220 WHITE
- R219 HANSEN
- R218 SHIRLEY
- R217 VEAZEY
- R216 TRUAN
- R215 BRASHNER - NO H/S
- R214 SANDERS
- R213 BOHLEN
- R212 MCKEEN
- R211 MOORE
- R210 JACKSON - NO H/S
- R209 HASTIE
- R208 SHELTON - NO H/S
- R207 KANDMAN - NO H/S
- R206 GAMBLE - NO H/S
- R205 DENNISON - NO H/S
- R204 KENNY
- R204 AVAIL CREM

*Available*

*Cartwright  
Blomster  
Lester*







INDICATES TREE BETWEEN GRAVE

# EVERGREEN CEMETERY, BISBEE/LOWELL, AZ.

REVISED: 23 NOVEMBER 2015



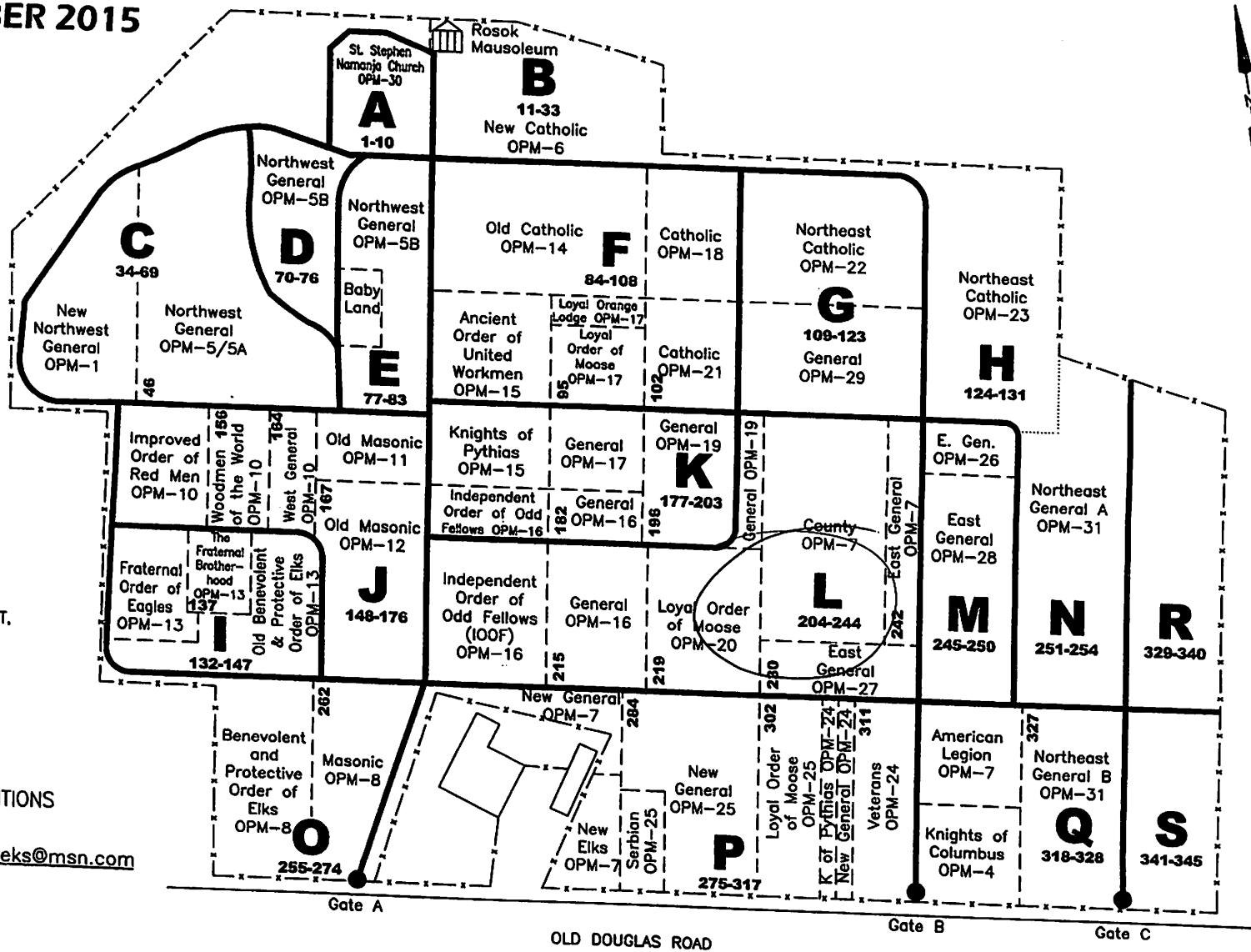
## LEGEND:

-  CEMETERY ROADWAYS
-  GATE
-  FENCE
-  OLD PLOT MAP SECTIONS (OPM)

ROWS: GO FROM WEST TO EAST  
PRESENTLY THERE ARE NO ROW MARKER SIGNS.  
FOR EASIER SEARCH OF ROW NUMBERS WE LISTED  
THE LAST NAME IN PLOT 1 IF AVAILABLE.

GRAVE PLOTS: GO FROM SOUTH TO NORTH  
EXCEPT FOR SECTIONS O, P, Q AND R WHICH  
GO FROM NORTH TO SOUTH

THERE CAN BE MORE THAN ONE PERSON IN A PLOT.  
DUE TO A DOUBLE DEEP PLOT OR CREMAINS.



FOR QUESTIONS, CORRECTIONS OR ADDITIONS  
PLEASE CONTACT:  
DAWN BEEKS (520) 249-5595, [dawnbeeks@msn.com](mailto:dawnbeeks@msn.com)  
WES PATIENCE (520) 432-4343  
PETE GARCIA (520) 227-2605  
PUBLIC WORKS (520) 432-6002



**Cemetery Reserve/Burial Form (ver. 03/01/2018)**

**Decedent** Reservation \_\_\_\_\_ or Burial ✓

veteran Y (N)

First MARIA Middle THERESA

Last Name CARTWRIGHT

Maiden Name: SHARP Nickname: \_\_\_\_\_

Date of Birth: 12/17/37 Date of Death: 5/15/13 Date of Burial: 5/19/13

Time of Eulogy/Mass: 11:00am Time of Burial: 1:00 p.m.

**REPRESENTATIVE / RESPONSIBLE PARTY FOR PAYMENT**

Are you a responsible party for another person? Y

Name: TRACY CLARK OR DEAN Relation to Decedent: DAUGHTER OR HUSBAND (N)

Address: 1647 E. COTTONWOOD DRIVE City: SIEERRA VISTA State: AZ ZIP: 85635

Cell Phone: (520) 234-7450 Home Phone: N/A

Email address: desertautomotive@hotmail.com

<input type="checkbox"/> Plot Previously Reserved and Paid For	\$000.00	Date Paid: <u>5/16/17</u>
		Visa / Check / Cash
		If check - Check # _____
<b>SERVICES</b>		
<input checked="" type="checkbox"/> Open & Close: Full Size (Machine)	\$300.00	
<input type="checkbox"/> Open & Close: Full Size (Hand Dug)	\$600.00	
<input type="checkbox"/> Open & Close: Cremains	\$150.00	
<input type="checkbox"/> Open & Close: Baby Plot (Machine)	\$150.00	
<input type="checkbox"/> Open & Close: Baby Plot (Hand Dug)	\$300.00	
<input type="checkbox"/> Open Only: Full Size (Machine)	\$150.00	
<input type="checkbox"/> Open Only: Cremains	\$ 75.00	
<b>OTHER</b>		
<input checked="" type="checkbox"/> Maintenance Fee	\$100.00	
<input checked="" type="checkbox"/> Weekend or Holiday Burial	\$100.00	
<input type="checkbox"/> Double Deep	\$100.00	
<input type="checkbox"/> Less than 2 days notice (\$100/day x ___ days)	\$ _____	
<b>TOTAL:</b>	\$ <u>500.00</u>	

**GRAVESITE**

Section Letter: L Row No. 240 Plot No. 3

Cremains / Full Size Coffin / Plot with coffin & 4 cremains / Plot with 8 cremains

To be buried with: \_\_\_\_\_ Relation: \_\_\_\_\_

Is other person already buried? Yes / No

Who \_\_\_\_\_ Relation \_\_\_\_\_

Grave to be dug double deep? No / Yes / Already is

**Additional Info/Special Instructions:**

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A COPY OF THIS PERMIT MUST ACCOMPANY THE BODY TO THE FINAL DESTINATION.		<b>STATE OF ARIZONA</b> DEPARTMENT OF HEALTH SERVICES – BUREAU OF VITAL RECORDS <b>DISPOSITION TRANSIT PERMIT</b>			PERMIT NUMBER  DP2018-015265
IDENTIFICATION OF DECEASED	1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) MARIA, THERESA, CARTWRIGHT		2. SEX FEMALE	3. DATE OF BIRTH 12/17/1937	4. DATE OF DEATH 05/15/2018
	5. PLACE OF DEATH - CITY OR TOWN TUCSON		6. COUNTY PIMA		7. STATE ARIZONA
MANNER AND PLACE OF DISPOSITION	8. NAME AND ADDRESS OF FUNERAL FACILITY OR PERSON RESPONSIBLE HATFIELD FUNERAL HOME 830 S HIGHWAY 92, SIERRA VISTA, AZ 85635				
	9. NAME OF FUNERAL DIRECTOR OR RESPONSIBLE PERSON RYAN, JENSEN				
	10. METHOD OF DISPOSITION BURIAL		11. NAME AND LOCATION OF 1 <sup>ST</sup> DISPOSITION FACILITY EVERGREEN CEMETERY - BISBEE, BISBEE, AZ, US		12. DATE OF DISPOSITION 05/19/2018
	13. METHOD OF DISPOSITION		14. NAME AND LOCATION OF 2 <sup>ND</sup> DISPOSITION FACILITY		15. DATE OF DISPOSITION
AUTHORIZATION	16. MEDICAL EXAMINER'S AUTHORIZATION FOR CREMATION				17. DATE OF AUTHORIZATION
A.A.C. R9-19-313 REQUIRES THAT A PERSON IN CHARGE OF A PLACE OF FINAL DISPOSITION IN ARIZONA SHALL MAINTAIN A COPY OF THIS DISPOSITION TRANSIT PERMIT AT THE PLACE OF FINAL DISPOSITION FOR AT LEAST FIVE YEARS AFTER THE ISSUE DATE					

VS-8 Rev. 7/2017



