Cemetery Reserve/Burial Form Decedent Last Name Reservation First & Middle Name Burial Maiden/Alternate Last Name: Nickname: Date of Birth: $\frac{11/23/1933}{2020}$ Date of Death: $\frac{12/25/2020}{2020}$ Date of Burial: $\frac{1/9}{2020}$ Time of Mass: _____ Time of Burial: _\\\
\begin{align*}
\begin{align*}
\text{Time of Burial:} \\
\end{align*} REPRESENTATIVE / RESPONSIBLE PARTY FOR PAYMENT Representative: Janice C. Stillhard Relation to Decedent: Wife Address: 801 Congdon Are Bishee, Az Cell Phone: 520 236 -806/ Home Phone: 520 432-3095 Email address: Plot Previously Reserved and Paid For \$000.00 SPECIAL NOTES: Resident Non-Resident Full Size Plot Purchase \$500.00 \$600.00 Full Size Plot w/ 4 Cremains Single Cremain Plot \$250.00 \$300.00 8 Cremains - Full Size Plot **SERVICES** Open & Close: Full Size (Machine) \$300.00 Open & Close: Full Size (Hand Dug) \$600.00 Open & Close: Cremains \$300.00 Open & Close: Baby Plot (Machine) \$150.00 Open & Close: Baby Plot (Hand Dug) \$300.00 Paid on: Open Only: Full Size (Machine) \$150.00 Open Only: Cremains \$150.00 Check / Cash / Other **OTHER**

\$100.00

\$100.00

\$100.00

TOTAL: \$

Double Deep

Maintenance Fee

Weekend or Holiday Burial

Less than 2 days notice (\$100/day x days) \$

Check/Ref No.:

13 22	A. ·
GRAVESITE	•
Section Letter: Row No	Plot No. 10
Cremains / Full Size Coffin / Plot with coffin & 4 crem	nains / Plot with 8 cremains
To be buried with:	Relation:
Is other person already buried? Yes / No / To be burie	ed at same time
Grave to be dug double deep: Yes / No / Already is	
VETERAN: YESNO	
Additional Info/Special Instructions:	
·	

Plot Plan

		-14		
	A	В		
			A	В
			С	D
			E	F
	C	D	G	Н
4x8 Casket Plot	4x8 Plo 4 Crem	ot w/ casket &	8	Cremains Plot
Approved by Family Member:		LL HAPD Ulhand		2/30/2020
Approved by Public Works	Print			
	Sign			ate

ACCOMPANY THE BODY	STATE OF ARIZONA STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - BUREAU OF VITA DISPOSITION TRANSIT PERMIT		TAL RECORDS	PERMIT NUMBER DP2020-001761			
	1. DECEL	ENT'S LEGAL NAME (FIR	ST, MIDDLE, LAST, SUFFIX)	2.SEX	3. DATE OF BIRTH	4. DATE OF DEATH
IDENTIFICATION CHARLES, , STILLHAR		ES, , STILLHARD			MALE	11/23/1933	12/25/2020
5. PLACE OF DEATH - CITY OR THE BISBEE 8. NAME AND ADDRESS OF FUNITH ALEX ESPINOSA BISBEE 1094 HWY 92, BISBEE, AZ 9. NAME OF FUNERAL DIRECTOR ALEX, ESPINOSA 10. METHOD OF DISPOSITION BURIAL 13. METHOD OF DISPOSITION	OF DEATH - CITY OR TO	WN	N 6. COUNTY		7. STATE		
		COCHISE			ARIZONA		
	1094 HV 9. NAME ALEX, ,	VY 92, BISBEE, AZ 6 OF FUNERAL DIRECTOR (ESPINOSA	35603		SITION FACILI	V	I 12 DATE OF DISPOSITION
	EVERGREEN CEMETERY - BISBEE, BISBEE, AZ, US 14. NAME AND LOCATION OF 2" DISPOSITION FACILITY				01/07/2021		
	13 METI-	OD OF DISPOSITION	14 NAME AND LOCAT	TON OF 2" DISPO	SITION FACILE	ΓΥ	15. DATE OF DISPOSITION

VS-8 Rev. 7/2017