

# El Campo Santo, Inc.<sup>TM</sup>

Date: \_\_\_\_\_

## Burial Status Form

Atrisco Heir: \_\_\_\_\_ Heirship through: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Death: \_\_\_\_\_

### Survivors:

Spouse: \_\_\_\_\_

Sons: \_\_\_\_\_

Daughters: \_\_\_\_\_

Parents: \_\_\_\_\_

Brothers: \_\_\_\_\_

Sisters: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Interment:

Cemetery: \_\_\_\_\_ Date: \_\_\_\_\_

Plot Location: \_\_\_\_\_ Time: \_\_\_\_\_

Mortuary: \_\_\_\_\_ Church: \_\_\_\_\_

Type of Burial: \_\_\_\_\_

Referred by: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Check # , credit card or Cash: \_\_\_\_\_

Date Gravedigger Contacted: \_\_\_\_\_ Paid: \_\_\_\_\_

Condolence letter sent: \_\_\_\_\_