



**CITY OF YAZOO CITY  
PURCHASE OF CEMETERY SPACE  
APPLICATION**

DATE: \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL NO.: \_\_\_\_\_ HOME NO.: \_\_\_\_\_

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**PURCHASES**

LOT FEES \$ \_\_\_\_\_

PERPETUAL CARE FEES \$ \_\_\_\_\_ CASH \_\_\_\_\_

DEED FEES \$ \_\_\_\_\_ CHECK \_\_\_\_\_

OPENING/CLOSING FEES \$ \_\_\_\_\_

TOTAL COST \$ \_\_\_\_\_

MAKE CHECK PAYABLE TO: CITY OF YAZOO CITY

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**LOCATION DESCRIPTION**

BLOCK NO. \_\_\_\_\_ LOT NO. \_\_\_\_\_ GRAVE SPACE NO. \_\_\_\_\_

PURCHASER'S SIGNATURE: \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_