

FOX CEMETERY ASSOCIATION

DECENDANCY FORM
REQUEST FOR INTERMENT
www.foxcemetery.org

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REQUEST FOR INTERMENT

Submit this completed form to the Fox Cemetery Association at: P.O. Box 694, Kaufman, TX 75142

Per Bylaws: Families maintain their loved one's graves

The completion and submission of this form to the Fox Cemetery Association (FCA) and acceptance by the FCA are necessary for an individual to be interred at the Fox Cemetery per the Bylaws of the FCA (see Article VI Sections 1 and 2).

Full Name of deceased: _____

Deceased's next of kin: _____

Was Deceased Cremated Y/N _____

Name the relative or relatives, buried in the Fox Cemetery on or before June 24, 2007, from whom the deceased is a direct descendant:

Full Name of Relative(s): _____

And Their Relationship: _____

Information About the Individual

Place & Date of Birth: _____ Place of Death _____

Last Address:

Name of Mother: _____

Name of Father: _____

Names of Children: _____

Name of Spouse: _____

Did the deceased serve in the armed forces? YES NO

If yes, which branch? _____ Which conflict? _____

Any additional information you wish FCA to know? _____