

City of St. Ignace Lakeside Cemetery

396 N. State Street, St. Ignace, MI 49781
Ph. 906-643-7451 Ext. 1 Fx. 906-643-9393
klabinski@cityofstignace.com

Cemetery Plot Intention Form

Plot Number:

Plot Owner:

Last Name (Include Maiden name if applicable) First Name Middle Name

Street Address City/ State/ Zip Code

Telephone Cell Phone

Email

Date of Birth City & State County of Birth

First and Last Name of SPOUSE (Maiden Name if applicable) Spouse Date of Birth

MARITAL STATUS (Check one): Single Married Widowed Divorced

Occupant (if applicable at this time):

Last Name (Include Maiden name if applicable) First Name Middle Name

**Please list below your intentions for your plot(s). Who has burial rights to the plot(s) you have purchased?
For example: Your children, children's spouses, grandchildren, etc.**

First and Last Name/Relation of Family Member Date of Birth

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First and Last Name/Relation of Family Member Date of Birth

Additional information:

Signature: _____ Date: _____