



DATE: _____

RECEIPT NO: _____

NAME OF PURCHASER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL NO: _____ HOME NO: _____

DECEASED NAME: _____

DOB: _____ DOD: _____ DATE OF BURIAL: _____

PURCHASES

LOT FEES \$ _____

PERPETUAL CARE FEES \$ _____

DEED FEES \$ _____

OPENING/CLOSING FEES \$ _____

TOTAL COST \$ _____

MAKE CHECK PAYABLE TO: CITY OF YAZOO CITY

LOCATION DESCRIPTION

BLOCK NO: _____ LOT NO: _____ GRAVE SPACE NO: _____

PURCHASER'S SIGNATURE: _____

EMPLOYEE'S SIGNATURE: _____