



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

DATE: _____ RECEIPT NO: _____

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL NO.: _____ HOME NO.: _____

PURCHASES

LOT FEES \$ _____

PERPETUAL CARE FEES \$ _____

CASH _____

DEED FEES \$ _____

CHECK _____

OPENING/CLOSING FEES \$ _____

CREDIT
CARD _____

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: _____