



FRIENDS OF

Laurel Hill

Records Requests

Name of Person Making Request: _____

Phone Number: _____

Email: _____

Address: _____

Relationship to the Deceased: _____

Information Regarding Ancestor:

Please fill in the section below as completely as possible. Certain missing information such as last name or date of death may make it difficult to generate your records request. In the "remarks" section, indicate which cemetery your ancestor is buried in: Laurel Hill East or Laurel Hill West.

Last	First	M.I.	D.O.B.	D.O.D.	Section/Lot	Age

Remarks:

For office use only:

Payment Received

Request Completed

Date/Initials _____