

Historic Plummers Cemetery Inventory Project

Name of Deceased: _____ (circle) Sr. Jr.

Date of Birth: ___/___/___ Date of Death: ___/___/___

Age: _____ Male [] Female [] (Maiden Name) _____

Father: _____ Mother: _____

Name of Spouse: _____

Date of Birth: ___/___/___ Date of Death: ___/___/___

Is the deceased related to someone else at the cemetery? Y [] N []

If so, who? _____ Map #: _____

*Did the deceased have any children? Y [] N []

If yes, please provide names and birth (DOB) death (DOD) dates if known.

1. _____ DOB: ___/___/___ DOD: ___/___/___

2. _____ DOB: ___/___/___ DOD: ___/___/___

3. _____ DOB: ___/___/___ DOD: ___/___/___

4. _____ DOB: ___/___/___ DOD: ___/___/___

5. _____ DOB: ___/___/___ DOD: ___/___/___

Person providing information:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Today's Date: ___/___/___

**Please use the back of this form if more room is needed.*