



ROCKY MOUNT, NC
THE CENTER OF IT ALL

CITY OF ROCKY MOUNT

CEMETERY DIVISION - PLOT PURCHASE FORM

DATE: _____

SECTION _____ ROW _____ LOT _____ CEMETERY _____

MAKE DEED TO

(Name(s) as should appear on Deed to include spouse, if applicable)

PO Box Street Address Apartment #, etc.

City State Zip

PHONE: _____

I verify the name(s) and address as listed above to be correct.

SIGNATURE OF PURCHASER: _____

METHOD OF PAYMENT			
PRICE: _____ Single grave space	_____ Cash	_____ Check	_____ Credit Card
	PAID BY:	_____	
	OFFICE STAFF	_____	

Receipt #
For Office Use

NOTE: Please make check payable to "City of Rocky Mount" OUT-OF-STATE CHECKS ARE NOT ACCEPTABLE. We do, however, accept major credit cards - Visa - MasterCard - Discover - American Express