

CEMETERY

FORM U

Please check the appropriate line. If there is a cemetery, provide the additional information requested.

___ The church has no interest in a cemetery.

___ The church has an interest in a cemetery.

Name of cemetery:
Is the cemetery adjacent to the church? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a separate cemetery association? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the name of the cemetery association?
Does anyone else have an interest in this cemetery? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please name:

Name of cemetery:
Is the cemetery adjacent to the church? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a separate cemetery association? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the name of the cemetery association?
Does anyone else have an interest in this cemetery? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please name:

Date: _____

Church: _____

Trustee Chair Signature: _____

Pastor Signature: _____