

GRAVE RESEARCH FORM

Appendix 1

DATE: ___/___/___

REF: _____

Grave Occupant

In review of our records and inspection of the area, this is to certify that
 (Mr./Ms.) _____
 Died and was buried on (dd/mm/yr.) ___/___/___ at
 Location: _____ **Lord Ridge** _____
 Row: ___ Section: ___ Square: ___ Grave #: ___

Research Request

Name of Applicant: _____ Sign: _____
 Address: _____, **Belize City** _____
 Deceased Name _____
 Relationship (to grave occupant): _____

Cemetery Keeper

Grave approved for Re-Open: _____
 Grave not approved: _____
 New Location: Lord Ridge: Eternal Garden: _____
 Row: ___ Section: ___ Square: ___ Grave# _____
 Comment:

 Research for funeral

 Print: _____ Signature: _____