

**Arcade Rural Cemetery Association
Burial Record Application Form (Cause of Death)**

Burial information:

Last Name	First	Middle	Inscription #

Date of Death: _____
 month day year

For what purpose is the information required? _____

Please print the following information:

Your name _____ Date _____

Address _____

Phone _____

Signature _____

Send your check payable to Arcade Rural Cemetery Association in the amount of \$5.00 for each record.
Send your signed form, your check, and a self-addressed stamped envelope to:

Arcade Rural Cemetery Association
c/o Kathy May
83 Park Street
Arcade, NY 14009