

LAKE FOREST CEMETERY
CITY OF GRAND HAVEN
Burial Request Form



Name: _____

Address: _____

Age: _____

Date of Birth: _____

Death Date: _____

Burial Date: _____ Time: _____

Full Burial: _____ Cremation Burial: _____

Block: _____ Lot: _____ Grave: _____

Resident: _____ Non-Resident: _____

Funeral Director: _____ Phone Number: _____

Funeral Home and Address: _____

Procession: _____ Plans at Gravesite : _____

Requests of Cemetery Personnel: _____

Vault Type: _____ Vault Size: _____

Size of Cremation Container: _____

Burial Rights Permission: _____

Notes: _____

Upon Completion- Email EJorgensen@grandhaven.org & JBrower@grandhaven.org