



MENDENHALL CEMETERIES ASSOCIATION, INC.
BURIAL REGISTRATION

Burial Type (check one): Traditional Cremated Remains

Please complete the following regarding the deceased:

Last Name _____ First and Middle Names _____ Born ___/___/___ Died ___/___/___

U.S. Military Service (circle branch): Army Air Force Navy Marines Coast Guard
Merchant Marines National Guard Space Force

Rank: _____ Service during wartime? _____ War? _____

Grave Plot Location: Section: _____ Row: _____ Site: _____

Family members in same plot: _____

Funeral Home: _____ Burial Date: ___/___/___

Grave Digger: _____

Family Contacts

Primary: Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Others: 1. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

2. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

3. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

*Please email a copy of this completed document to mendenhallcemetery@gmail.com ASAP and PRIOR TO BURIAL.
A \$100.00 MCA Burial Fee should remit to: Mendenhall Cemeteries Association, PO Box 838, Mendenhall, MS 39114*