

**PETRA MEMORIAL PARK
Right to Burial (Temp) Form**

(With middle name or initial)

Name of Owner/Owners _____

Address:

Street _____

City _____ State _____ Zip _____

Phone _____

SECTION _____ LOT _____

(Full Name - with middle name or initial)

Grave # _____ Grantee Name _____

Grave # _____ Grantee Name _____

Grave # _____ Grantee Name _____

Grave # _____ Grantee Name _____

The Sum of \$ _____

Method Paid _____

Date _____



565 Airport Rd, New Holland, PA 17557