

INFORMATION ABOUT THE CLAIMANT (YOU)						
LAST NAME		FIRST NAME			M.I.	
STREET ADDRESS				CITY		
STATE		ZIP		EMAIL		
PHONE		DATE OF BIRTH		PLACE OF BIRTH		
MARITAL STATUS (check one):		<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> CIVIL UNION OR DOMESTIC PARTNERSHIP	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
MOTHER'S MAIDEN NAME, DATE & PLACE OF BIRTH:						
FATHER'S NAME, DATE & PLACE OF BIRTH:						
INFORMATION ABOUT YOUR CLAIM						
PART I.	I AM MAKING A CLAIM ON THE FOLLOWING BURIAL SPACE(S):		CEMETERY		BLOCK	LOT
BURIAL SPACES			RECORD OWNER			
PART II.	BASIS FOR CLAIM (check one):		<input type="checkbox"/>	I am the record owner of the claimed burial space(s). I am providing ownership paperwork issued in my name; OR official cemetery records list my name as the owner. [Go to Part IV]		
			<input type="checkbox"/>	I am related to the record owner of the claimed burial space(s). I am claiming ownership by right of descent from the record owner.		
PART III.	COMPLETE THIS SECTION IF YOUR CLAIM IS BASED ON DESCENT. IF YOU ARE THE RECORD OWNER, PROCEED TO PART IV.		THE RECORD OWNER IS MY (please specify relationship, i.e. spouse, father, grandmother, great-grandfather):			
ARE YOU AWARE OF ANY RELATIVES THAT SHARE THE SAME, OR A CLOSER, RELATIONSHIP TO THE RECORD OWNER?			<input type="checkbox"/> YES, and I understand that this could affect the nature of my ownership interest		<input type="checkbox"/> NO	
PART IV.	EVIDENCE SUPPORTING CLAIM		I AM SUBMITTING THE FOLLOWING EVIDENCE IN SUPPORT OF MY CLAIM OF OWNERSHIP (please describe any attached documents):			
CLAIMANT'S CERTIFICATION AND SIGNATURE						
I CERTIFY THAT THE ABOVE INFORMATION AND ANY ATTACHMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.						
SIGNATURE				DATE		

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METRO STAFF USE ONLY

Claim #

Claim Date

Notice Group

Notice End Date

Final Response Required Date

By: Staff Member

Final Action Taken

Final Action Date

By: Staff Member

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