

# APPLICATION FOR OBTAINING A BURIAL PLOT IN THE CEMETERY AT BETHLEHEM UNITED METHODIST CHURCH

Please complete and return this form to

**Bethlehem UMC**  
**PO Box 3155**  
**Clarksville, TN 37043.**  
**Phone (931) 358-3826**

You will be notified when your request is approved or disapproved.

Date \_\_\_\_\_

Name of Person Applying \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City State Zip

Telephone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Cell) (Work) if applicable

Email Address: \_\_\_\_\_  
If applicable

\*I am a member in good standing of Bethlehem United Methodist Church.  Yes  No

I joined BUMC in \_\_\_\_\_  
Year

I would like to obtain  one (1) plot  two (2) plots  \_\_\_\_\_ plots

Are the plots for you and your spouse?  Yes  No

If "Yes" the name of your spouse  
\_\_\_\_\_

If "No" who will use your plot(s)?  
\_\_\_\_\_

If you purchase more than two (2) plots, are they for your children?  Yes  No

Designate the names of persons who will be buried in these plots and their relationship to you.

1. \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_

4. \_\_\_\_\_ Relationship \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_