Fairview Cemetery
City of Bastrop, Texas

Burial Location Request

DATE: __________________________

NAME OF PERSON MAKING REQUEST: ________________________________________________

ADDRESS: __________________________ CITY/STATE: ________________________________

PHONE: _______________________________ EMAIL ADDRESS: __________________________

Please provide the following (if known):

1. Name: ____________________________
   (LAST, FIRST MIDDLE AND/OR MAIDEN)
   Date of Birth: ______________________ Date of Death: ______________________________
   Additional information: ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. Name: ____________________________
   (LAST, FIRST MIDDLE AND/OR MAIDEN)
   Date of Birth: ______________________ Date of Death: ______________________________
   Additional information: ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Name: ____________________________
   (LAST, FIRST MIDDLE AND/OR MAIDEN)
   Date of Birth: ______________________ Date of Death: ______________________________
   Additional information: ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

**The information requested may not be immediately available at the time of the request. We will strive to release the information in a timely manner at our earliest convenience.**