

MOUNT AUBURN CEMETERY CORPORATION

Business Office
1206 Etting Street
mtauburn2610@verizon.net



Cemetery Site
2614 Annapolis Road
410-547-0337

Application for **RESEARCH OF BURIAL RECORDS**
Please make all checks payable to *Mount Auburn Cemetery Corporation*
Do Not Send Cash

PLEASE PRINT

Name of the Deceased: _____
First Middle Last

Sex _____ **M** _____ **F** **Day of Death:** _____
Month Day Year

Funeral Home: _____

Address of Home: _____

Place of Death: _____ **Age at Death:** _____
City State

Reason for Request: _____

Your Relationship to Deceased: _____

Important: A NON-REFUNDABLE \$ 15.00 FEE IS REQUIRED FOR EACH SEARCH OF THE BURIAL RECORDS. IF THE SEARCH PROVIDES NO FINDINGS OF A GRAVESITE OR BURIAL RECORD, A CERTIFICATE OF NO RECORD OF LOCATION WILL BE ISSUED. WHEN APPLYING BY MAIL, PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE FOR YOUR REPORT.

Applicant Name: _____

Applicant Signature: _____

Address: _____

Telephone: _____ **Email:** _____

THANK YOU FOR YOUR CONTRIBUTION TO
THE MOUNT AUBURN CEMETERY CORPORATION