

Mount Hope Cemetery Burial Information

Name	_____
Address	_____
City, State	_____
Date of Death	_____
Date of Birth	_____
Date of Burial	_____

Veteran	Yes	No	Branch of Service _____
			Dates of Service _____
Member of Auxiliary	Yes	No	

Grave Location	Section	_____	Block	_____	Grave	_____
Funeral Home	_____					
Funeral Home #	_____					
Burial Type	Vault	Cremaains				

Father's Name _____

Mother's Name _____

PLEASE RETURN TO: VILLAGE OF BROOKLYN
P O BOX 189
BROOKLYN WI 53521
608-455-4201
OR FAX: 608-455-1385