

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.

