



# Hillside Cemetery Plot Purchase Form

755 Fellows Rd | PO Box 428  
Genoa City, WI 53128  
262-279-6472  
www.genoacity.info

Please fill in the blanks completely, as incomplete forms will not be processed.

## Purchaser Information

<b>Deed Name:</b>	
<b>Purchaser Name:</b>	
<b>Address:</b>	<b>Unit #:</b>
<b>City, State, Zip Code:</b>	
<b>Email:</b>	<b>Phone:</b>

## Plot Information

<b>Local Contact Person (if different from purchaser):</b>		
<b>Address:</b>	<b>Unit #:</b>	
<b>City:</b>	<b>State, Zip Code:</b>	
<b>Email:</b>	<b>Phone:</b>	
<b># of Plots Purchased @ \$525:</b>	<b># of Single Cremation Plot @ \$225:</b>	<b># of Double Cremation Plot @ \$325:</b>
<b>Plot Blk: Grv: Lot:</b>	<b>Intended Name(s):</b>	<b>Type:</b> <input type="checkbox"/> Std <input type="checkbox"/> Single or <input type="checkbox"/> Double Cremains
<b>Plot Blk: Grv: Lot:</b>	<b>Intended Name(s):</b>	<b>Type:</b> <input type="checkbox"/> Std <input type="checkbox"/> Single or <input type="checkbox"/> Double Cremains
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<b>Plot Blk: Grv: Lot:</b>	<b>Intended Name(s):</b>	<b>Type:</b> <input type="checkbox"/> Std <input type="checkbox"/> Single or <input type="checkbox"/> Double Cremains
<b>PURCHASER SIGNATURE:</b>		<b>DATE:</b>

*For Office Use Only*

**Date Filed:** \_\_\_\_\_ **Total Paid: \$** \_\_\_\_\_  Check # \_\_\_\_\_  Cash

**Notes/Conditions:** \_\_\_\_\_

**Initial:** \_\_\_\_\_ **Verified at Cemetery:** \_\_\_\_\_ **Date Verified:** \_\_\_\_\_