



**Midway City Cemetery Plot Research Request Form**

Date of Request: \_\_\_\_\_

Name of Person Requesting Information: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(PO Box or Street)                      City                      State                      Zip Code

-----  
Legal Owners Name/Plot Information

Plot Owners Name: \_\_\_\_\_

Section: (Please Circle One): A3      A2      A1      B      C      D      E      F      G      H      I

Block Number: \_\_\_\_\_      Lot Number: \_\_\_\_\_      Grave #'s: \_\_\_\_\_

Lot Size: \_\_\_\_\_

-----  
Information Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use: (Description of Findings): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Completion Date: \_\_\_\_\_ Sexton Name: \_\_\_\_\_