

**BELLA VISTA CEMETERY ASSOCIATION**  
**P.O.BOX 5723, BELLA VISTA, AR 72714**      **34 Buckstone Dr. Bella Vista, AR 72714**  
**479-304-5932**    **info@bellavistamemorialgardencemetery.org**

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**APPLICATION FOR PURCHASE**

A notarized deed will be issued for each membership purchased, **AT THE COST OF \$800.00**, entitling the owner to burial space for the remains of *one human body* in **BELLA VISTA MEMORIAL GARDEN CEMETERY**. *This does NOT include the cost of a Ground Stone or Niche Marker OR Interment Fees.*

**PLEASE INDICATE INTERMENT PREFERENCE:**

SECTION	SPACE #	PREFERENCE
		<input type="checkbox"/> In-Ground Body Interment      (Interment by mortuary)
		<input type="checkbox"/> In-Ground Cremains Interment    (+ Interment Fee)
		<input type="checkbox"/> Columbarium Niche Interment    (+Interment Fee)
		<input type="checkbox"/> UNDECIDED AT THIS TIME
<b>DEED #</b>		<input type="checkbox"/> Conjoined Deed(s) #:

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME                      MAIDEN NAME (I/A)

\_\_\_\_\_  
**\*\*NAME TO APPEAR ON MARKER\*\***

MALE       FEMALE

\_\_\_\_\_  
MONTH/DAY/YEAR OF **BIRTH**

\_\_\_\_\_  
MONTH/DAY/YEAR OF **DEATH**

\_\_\_\_\_  
DATE OF INTERMENT

LOCAL RELIGIOUS AFFILIATION: \_\_\_\_\_

MORTUARY: \_\_\_\_\_

VETERAN?  No  Yes; BRANCH \_\_\_\_\_; MARKER?  No  Yes

**SIGNED** \_\_\_\_\_ **DATE:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME & ADDRESS OF NEXT OF KIN: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PAYMENT DETAILS: Check # \_\_\_\_\_ Acct: \_\_\_\_\_