

Ridge Park Cemetery Genealogy Order Form

Fill out form, enclose \$5.00 per individual and an extra \$5.00 per picture.

Mail to: Ridge Park Cemetery
PO Box 740
Marshall, MO 65340

Your Information (Please Print)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

1. Name of Deceased:

Date of Death: _____
Any other information that will help to properly identify the deceased:

Picture (Circle One) Yes No

2. Name of Deceased:

Date of Death: _____
Any other information that will help to properly identify the deceased:

Picture (Circle One) Yes No

3. Name of Deceased:

Date of Death: _____
Any other information that will help to properly identify the deceased:

Picture (Circle One) Yes No

4. Name of Deceased:

Date of Death: _____
Any other information that will help to properly identify the deceased:

Picture (Circle One) Yes No

5. Name of Deceased:

Date of Death: _____
Any other information that will help to properly identify the deceased:

Picture (Circle One) Yes No