

Ridge Park Cemetery Genealogy Order Form

Fill out form, enclose \$10.00 per individual and an extra \$10.00 per picture.

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

Your Information

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