

City of Colstrip Cemetery

2800 Zane Grey Rd.
Colstrip, MT 59323
Phone: 406-748-2300

Cemetery Lot Purchase Form

Purchaser's Information: For Self - Relative - Specify Relationship _____

Name: _____
Last Name First Name Middle Name Suffix Maiden Name

Mailing Address: _____
City State Zip County

Phone Number: _____ **Email:** _____ **Number of lots Needed:** _____

Plot is reserved for: *(If more than one, please use page 2)*

Last Name First Name Middle Name Suffix Maiden Name

Date of Birth: ____/____/____ **Place of Birth:** _____ **Veteran:** Yes No

Branch: _____

Date of Death: ____/____/____ **Place of Death:** _____

Legal Sex: Male Female Unknown Other *(optional)* **Race:** _____

Secondary Contact (in case purchaser is deceased or unavailable):

Name: _____

Mailing Address: _____
City State Zip County

Phone Number: _____ **Email:** _____

Relationship to Purchaser: _____

Signature: _____ **Date:** _____

(For Official Use Only)

Permit #: _____ **Block:** _____ **Lot:** _____ **Date of Purchase:** _____ **Amount Paid:** _____

Plot is reserved for:

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Suffix</i>	<i>Maiden Name</i>
Date of Birth: ___/___/___	Place of Birth: _____		Veteran: Yes No	
Date of Death: ___/___/___	Place of Death: _____		Branch: _____	
Legal Sex: Male Female Unknown Other			Race: _____ <i>(optional)</i>	

Plot is reserved for:

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Suffix</i>	<i>Maiden Name</i>
Date of Birth: ___/___/___	Place of Birth: _____		Veteran: Yes No	
Date of Death: ___/___/___	Place of Death: _____		Branch: _____	
Legal Sex: Male Female Unknown Other			Race: _____ <i>(optional)</i>	

Plot is reserved for:

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Suffix</i>	<i>Maiden Name</i>
Date of Birth: ___/___/___	Place of Birth: _____		Veteran: Yes No	
Date of Death: ___/___/___	Place of Death: _____		Branch: _____	
Legal Sex: Male Female Unknown Other			Race: _____ <i>(optional)</i>	

Plot is reserved for:

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Suffix</i>	<i>Maiden Name</i>
Date of Birth: ___/___/___	Place of Birth: _____		Veteran: Yes No	
Date of Death: ___/___/___	Place of Death: _____		Branch: _____	
Legal Sex: Male Female Unknown Other			Race: _____ <i>(optional)</i>	
