

**REQUEST FOR PRE-NEED VETERAN BURIAL PLOT  
LAKE TRAFFORD MEMORIAL GARDENS, IMMOKALEE, FLORIDA**

➤ **PURCHASER OF PLOT:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
*(Purchaser" should be the person whose name will appear as Owner of Burial Rights on the Deed Certificate)*

➤ **ADDRESS:** \_\_\_\_\_

➤ **Purchased for Use by:** \_\_\_\_\_ **Date of Discharge** \_\_\_\_\_

**(MUST ATTACH OR PROVIDE A COPY OF DD214 / FORMAL DISCHARGE PAPER)**

➤ Purchaser's Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

➤ Address of Kin: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(If different from Purchaser of Plot, please provide Info)*

➤ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

➤

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**If you know which funeral home you intend to use, please provide contact info below:**

➤ **FUNERAL HOME:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

➤ **Address of Funeral Home:** \_\_\_\_\_

\_\_\_\_\_

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**▼ COUNTY WILL COMPLETE INFORMATION BELOW ▼**

Request Rec'd Via:  Phone  Fax  Email    Date Rec'd. \_\_\_\_\_

N/S: \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Deed # \_\_\_\_\_

Deed Binder: **Y / N**    Lot Binder: **Y / N**    Index Card: **Y / N**    Spreadsheet: **Y / N**

Cost: \_\_\_\_\_ Payment by:  Personal Ck  Money Order  Cash    Date Paid: \_\_\_\_\_