

MOUNT HOPE CEMETERY

W698 Spring Prairie Road, Spring Prairie, Wisconsin

Agreement made on this date between Mount Hope Cemetery (seller) and:

Purchaser Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

1. DESCRIPTION OF CEMETERY SPACE:

Section Number: _____ Plot Number: _____

Cost of Plot _____

Perpetual Care _____

Total Price Per Plot _____

2. PAYMENT RECEIVED:

Amount \$ _____ Cash _____ Check No. _____

3. MOUNT HOPE CEMETERY

Date of Acceptance _____

By: _____ Title _____

Address: _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

Purchaser(s) agrees to abide by all the rules and regulations of the Mount Hope Cemetery as put forth on the reverse of this agreement

Dated this _____ day of _____, 20____

Purchaser's Signature _____

Purchaser's Signature _____

Transferred to _____

Address _____

Telephone Number _____ Email Address _____