

*City of De Queen*  
220 N. 2<sup>nd</sup> St. P.O. Box 730  
De Queen, AR 71832  
Phone (870) 584-3445 Fax (870) 642-3117

*Request for Plot at Redmen Cemetery*

*Name of Deceased* \_\_\_\_\_

*Funeral Home* \_\_\_\_\_

*Date of Birth/Death* \_\_\_\_\_

<p><b>Location:</b></p> <p><i>Space</i> _____ <i>Lot</i> _____ <i>Block</i> _____ <i>Section</i> _____</p> <p><i>Space</i> _____ <i>Lot</i> _____ <i>Block</i> _____ <i>Section</i> _____</p>
---

*Verified by: (City Staff)* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Verified by: (FuneralHome Staff)* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Name, Address & Phone Number of Purchaser*

*Date deed was purchased* \_\_\_\_\_

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*Phone Number* \_\_\_\_\_

*Relation to Deceased* \_\_\_\_\_