



ROCK SPRINGS MUNICIPAL CEMETERY

802 THOMPSON ST

ROCK SPRINGS WY 82901

(307) 352-1462

Columbarium niche engraving request

Niche Space \_\_\_\_\_ Single Niche\_\_\_\_ Double Niche\_\_\_\_  
Deed Number \_\_\_\_\_ Single Occ.\_\_\_\_ Double Occ.\_\_\_\_  
Owner Name(s) \_\_\_\_\_

\*\* Please print your name exactly as you would like it to appear:

Name 1) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

Name 2) \_\_\_\_\_

(To be used only for double occupancy)

Date of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

Please attest: I/we have reviewed the engraving information listed above (\*\*) and authorize engraving exactly as written.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_