



HIMLAYANG MARILENYO
Sta. Rosa I, Marilao, Bulacan



INFORMATION SHEET

Name: Single Male
 Married Female
 Widow/er

Address:

Contact No/s.: **Birthday (mm/dd/yyyy):**

Profession: **Valid ID (with ID. Number):**

NEXT OF KIN OR ANY PERSON/S TO ASSUME RESPONSIBILITY:

Name	Relationship	Birthday

DECLARATION

I hereby certify that the above particulars are true and correct to the best of my knowledge. Furthermore, I certify that I do understand the cemetery rules and agree to be bound by it. I also promise that I will inform the office of the Himayang Marileno of any transfer or change of address within the reasonable time to updates this Information Sheet.

Printed Name with Signature

Date: _____