## N.C. CEMETERY COMMISSION GRAVE SPACE REPORT

**GRAVE SPACES FOR THE MONTH OF:** _____

**CEMETERY NAME & ADDRESS:** _____

_____

**TRUSTEE:** _____

| DEED NUMBER | DATE OF DEED | CONTRACT NUMBER | DATE OF CONTRACT | PURCHASER | LOT NUMBER | SECTION | # GRAVE SPACES DEEDED | AMOUNT DUE TO PC FUND |
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| | | | | | | **TOTAL** | | **$** |

DATE DEPOSITED TO PC FUND _____20___

Report and DEPOSIT due 30 days after close of month. Prepare this report in duplicate, forward one copy to the Commission and retain one for your files. (If no DEEDS occur during the month, show "No deed issued" on the report)

I HEREBY CERTIFY THAT THE FOREGOING IS CORRECT.

_____

This day of , 2011

NCCC-100
Rev. Sept. 2011

**NC Cemetery Commission**
**1001 Navaho Drive, Suite 100, Raleigh, NC 27609**
**Phone: (919) 981-2536 Fax: (919) 981-2538**