



Rockville Cemetery Association, Inc.

P.O. Box 4318

Rockville, Maryland 20849

Email: rockvillecemeterymd@gmail.com

Internet: www.rockvillecemeterymd.org

Request for Biographical Information

Rockville Cemetery has served the community for almost three hundred years, and continues to provide a tranquil burial location to all individuals regardless of cultural derivation or religious affiliation. We consider every burial a contribution to our rich heritage, so our interest extends beyond simply identifying where each individual is laid to final rest. While we are administratively required to maintain information concerning each burial, there are personal histories we endeavor to continually learn - as they can be identified - so that we can truly recognize and appreciate each life lived.

We would be grateful to receive any such information that you can share regarding your family member buried in Rockville Cemetery. We only require that the information is true to the best of your knowledge. We assure you that all information provided is never shared with any outside organization, and is only maintained for the reference and knowledge of the Rockville Cemetery Association, Inc. We sincerely appreciate all personal life stories shared!

(NOTE: This form may be completed on a computer using a .pdf Form Filler utility or printed and completed by hand.)

The information we are requesting includes the following [Please Print]:

Name of Deceased: _____
TITLE FIRST MIDDLE [MAIDEN/SURNAME] LAST "NICKNAME"

Date of Birth: _____ Birth Place: _____
MONTH DAY YEAR CITY COUNTY STATE COUNTRY

Date of Death: _____ Death Place: _____
MONTH DAY YEAR CITY COUNTY STATE COUNTRY

Cause of Death (if known): _____

Last Spouse (if married): _____
FIRST MIDDLE [MAIDEN/SURNAME] LAST "NICKNAME"

Birth Mother: _____
FIRST MIDDLE [MAIDEN/SURNAME] LAST "NICKNAME"

Birth Father: _____
FIRST MIDDLE LAST "NICKNAME"

Occupation, including professional titles (e.g. Reverend, Doctor, etc.): _____

Was deceased a Veteran of the Armed Services? Yes No If "Yes", highest rank attained: _____
 United States Other Country [Identify:] _____
 Army Navy Air Force Marine Corps Coast Guard Other _____

Accomplishments [attached copies of published articles, obituaries, photos, service documents, etc. are appreciated]:

Your Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Please return this completed form to the address above or in the envelope provided, and THANK YOU!

For RCA Use ONLY: Reference Section _____ Lot _____ Site _____ [OR] Columbarium Niche _____