

**Edge Family Cemetery Association**

**DESCENDENCY FORM  
REQUEST FOR INTERMENT  
edge-cemetery.edgefalls.com**

The completion and submission of this form to the Edge Family Cemetery Association (EFCA) and acceptance by the EFCA are necessary for an individual to be interred at the Edge Cemetery per the Bylaws of the EFCA (see Article VIII Sections 1 and 2).

Full Name of the Individual: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Name of Mother: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Names of Children: \_\_\_\_\_

\_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Information for person requesting burial if other than person named on first line:

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

email: \_\_\_\_\_

Cremation?    Y            N

Name the individual buried in the Edge Cemetery on or before November 12, 2002 to whom this person is related and describe the relationship:

Full Name of Relative(s): \_\_\_\_\_

And Their Relationship: \_\_\_\_\_

**By submitting this form you are verifying that all of the above information is true and that a headstone will be placed at the grave within six months of burial.**

Please submit this completed form to the Edge Family Cemetery Association at  
126 Cottonwood Ave, Boerne, TX 78006 or email to [hal@edgefalls.com](mailto:hal@edgefalls.com)