



Cemetery Burial - Disinterment Permit

Applicant

Full name of deceased - _____

Date of Birth - _____ Age - _____ Sex - _____ Race - _____
(the above information is for statistical purposes only)

Place of death - _____
(city) (county) (state)

Date of Death - _____

Cause of Death - _____

Date of Burial - disinterment _____ Vaulted burial? Y/N _____

Funeral Director - _____
(Name of Representative) (F.D. License No.)

(Name of Firm) (Address)

Embalmer's Name - _____ License No. - _____

PERMIT

Permit No. _____ Fee \$ _____

Permission is hereby given to the above applicant to dispose of/disinter the body as stated.
Receipt of the appropriate fee is acknowledged.

(Date)

(City Clerk)

Endorsement of Sexton

Body was _____ on _____ at
(Buried or Disinterred) (Date)

(from) the following cemetery plot: Block _____ Lot _____ Space _____

(Date)

(Sexton)