

APPLICATION FOR GRAVE OPENING IN CRESTLAWN CEMETERY

PW Office (772) 978-4800 PW Fax (772) 978-4859 City Clerk's Fax (772) 978-4790

******THIS FORM MUST BE TYPED TO INSURE ACCURACY******

FUNERAL HOME _____

ADDRESS _____ PHONE _____

REQUIRED: BURIAL _____ CREMAINS _____ (URN SIZE _____)

OPEN GRAVE SPACE: A B C D E F G H I J K L M **OPEN CREMAINS LOT:** N or S

SECTION _____ BLOCK _____ LOT _____ DEED # _____

BURIAL SERVICE TIME _____ a.m./p.m. DATE _____, 20____

FOR DECEASED _____

Lot Owner or Representative/Date *Representative must provide proper documentation

FOR CREMAINS INTERMENTS DURING REGULAR OPERATING HOURS, INDICATE HERE WHETHER FUNERAL DIRECTOR WILL BE ON SITE FOR SERVICE **YES / NO**

I CERTIFY THAT I HAVE DETERMINED THE OWNERSHIP OF THE ABOVE DESCRIBED LOT AND AUTHORIZE OPENING OF BURIAL SPACE.

CITY CLERK'S OFFICE

Date

PUBLIC WORKS DEPARTMENT

Date

EXCAVATION CERTIFICATION: *To be filled out after grave excavation is complete and before interment occurs.

I CERTIFY THAT THE **MINIMUM COVER OF 18 INCHES** AS SPECIFIED IN CITY ORDINANCE CHAPTER 26 HAS BEEN PROVIDED FOR THIS INTERMENT.

LICENSED FUNERAL DIRECTOR

License #

Date

TO BE FILLED OUT BY THE CEMETERY GROUP LEADER OR SEXTON:

I CERTIFY THAT, PRIOR TO LOCATING THE BURIAL SPACE, I HAVE VERIFIED OWNERSHIP BY VIEWING THE OWNER'S DEED AND/OR CONFIRMING WITH CITY CLERK'S OFFICE. I HAVE CHECKED THE BURIAL AND FIND SAME TO BE IN:

SECTION _____ BLOCK _____ LOT _____; AND I HAVE CHECKED THAT THE BURIAL SITE CONFORMS TO CRESTLAWN CEMETERY ORDINANCE REQUIREMENTS.

BY: _____
CEMETERY GROUP LEADER OR SEXTON

SEE ATTACHED MAP