

FUNERAL DIRECTOR'S APPLICATION TO CITY OF VERO BEACH
FOR COLUMBARIUM NICHE OPENING IN CRESTLAWN CEMETERY

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

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

FUNERAL HOME _____

ADDRESS _____

OPEN SINGLE NICHE _____ FAMILY NICHE _____ FAMILY NICHE SPACE _____

SECTION J BLOCK _____ UNIT _____ CERTIFICATE # _____

INTERMENT SERVICE TIME _____ a.m./p.m. DATE _____, 20 _____

FOR DECEASED _____

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

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

LICENSED FUNERAL DIRECTOR _____ Date

CITY CLERK'S OFFICE _____ Date

PUBLIC WORKS DEPARTMENT _____ Date

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

PRIOR TO LOCATING THE NICHE SPACE, I CERTIFY THAT I HAVE VERIFIED OWNERSHIP
BY VIEWING THE OWNER'S CERTIFICATE OF COLUMBARIUM BURIAL RIGHTS AND/OR
CONFIRMED WITH CLERK'S OFFICE. I CERTIFY THAT I HAVE CHECKED THE INTERMENT
AND FIND SAME TO BE IN:

SECTION J BLOCK _____ SINGLE NICHE _____

FAMILY NICHE _____ FAMILY NICHE SPACE _____

I CERTIFY THAT I HAVE CHECKED THAT THE BURIAL SITE CONFORMS TO CRESTLAWN
CEMETERY ORDINANCE REQUIREMENTS.

BY: _____
CEMETERY GROUP LEADER OR SEXTON

SEE ATTACHED CHART