CITY OF ROCKY MOUNT BURIAL PERMIT

ABOUT THE DECEASED

Name of Deceased

First: _____ **Date of Burial:** _____

Middle: _____

Maiden: _____ **Day of Week for Burial:** _____

Last: _____

Estimated arrival time at Cemetery: _____

Date of Birth: _____

Address of Deceased: _____ **County/State:** _____

Street and/or post office box

_____ **Date of Death:** _____

City/State/Zip **County/State:** _____

ABOUT THE CEMETERY LOT

Cemetery: _____ **Section:** _____ **Row:** _____ **Lot:** _____ **Loc:** _____

Owner of Lot: _____ **Relationship to Deceased:** _____

AUTHORIZATION FOR USE OF LOT

(permission includes request of location)

Burial Permission Given By: _____ **Phone:** _____

Address: _____

Street and/or post office box

_____

City/State/Zip

Relationship to Deceased: _____

TYPE OF INTERMENT

Standard > 4 feet length _____ **Cremation:** **type:** _____

Standard < 4 feet Length **size:** _____

****Type of Vault:** **Company:** _____

Style / Comp.: _____ **Mausoleum:** _____

****Tent placed by:** _____

** Separate Certificate of Liability may be applicable

GRAVE OPEN AND CLOSING FEE - METHOD OF PAYMENT

O/C Fee: _____ **Cash:** _____ **Paid By:** _____

Check: _____ **Credit:** _____ **Receipt #:** _____

Check #: _____

ABOUT THE FUNERAL HOME

(Attending funeral director must be licensed in North Carolina)

Funeral Home: _____ **Director:** _____

Address: _____ **Phone:** _____

_____ **Fax:** _____