

REQUEST FOR GRAVE OPENING
ENGLEWOOD CEMETERY, CLINTON, MO.

I, _____,

—
HEREBY CERTIFY TO ENGLEWOOD CEMETERY

1) THAT I AM THE OWNER _____ (or)

2) THAT I HAVE THE PERMISSION OF THE OWNER WHO IS

TO OPEN:

GRAVE NO. _____ LOT NO. _____, BLOCK NO. _____

AT ENGLEWOOD CEMETERY AND REQUEST THIS GRAVE BE OPENED

FOR BURIAL OF _____

ON THE _____ DAY OF _____, _____.

THE APPROPRIATE FEE FOR THIS OPENING IS ATTACHED.

SIGNED: _____

NOTARIZED JURAT

State of Missouri

County of _____

Subscribed and sworn to before me this _____ day of _____
in the year of _____.

Notary Public

My commission expires _____

Seal