

REQUEST FOR BURIAL PERMIT
ENGLEWOOD CEMETERY, CLINTON, MO

I, _____,

MAILING ADDRESS

PHONE NUMBER

HEREBY CERTIFY TO ENGLEWOOD CEMETERY, CITY OF CLINTON, MO.

1) THAT I AM THE OWNER _____ (OR)

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

TO OPEN:

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

COLUMBARIUM NICHE NO. _____ AT

ENGLEWOOD CEMETERY AND REQUEST THIS GRAVE BE OPENED FOR THE BURIAL OF

_____, BY _____ FUNERAL HOME

DATE OF BURIAL _____, DAY OF _____, _____

DATE OF DEATH _____, DAY OF _____, _____

DATE OF BIRTH _____, DAY OF _____, _____

SIGNATURE: _____

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

THE APPROPRIATE FEE. IN THE AMOUNT OF _____ FOR THIS OPENING IS ATTACHED.

CASH _____ CHECK _____ CREDIT CARD _____ MONEY ORDER _____

