

**REQUEST FOR PLACING OF CREMAINS
ENGLEWOOD CEMETERY, CLINTON, MO.**

I, _____,
(PLEASE PRINT YOUR COMPLETE NAME.)

(ADDRESS, CITY, STATE & ZIP) (PHONE NUMBER)

HEREBY AUTHORIZE ENGLEWOOD CEMETERY, CITY OF CLINTON, MISSOURI TO
ALLOW THE CREMAINS OF _____ TO BE SCATTERED UPON

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

ON THE _____ DAY OF _____, _____

IN ENGLEWOOD CEMETERY AT _____ (a.m. or p.m.).

WHOSE DATE OF BIRTH IS _____ and

WHOSE DATE OF DEATH IS _____,

MILITARY VETERAN: YES _____ NO _____

FUNERAL HOME: _____ PHONE #: _____

FUNERAL HOME CONTACT: _____

THE APPROPRIATE FEE OF \$25.00 FOR PLACEMENT IS ATTACHED.

SIGNED: _____

NOTARIZED JURAT

State of Missouri
County of _____

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

Seal

Notary Public
My commission expires _____

Issuance of this permit is subject to all rules and regulations of the City of Clinton Code or Ordinances.