

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: _____

Address of Deceased: _____

Date of Birth: _____

County/State: _____

City/State/Zip

Date of Death: _____

County/State: _____

ABOUT THE CEMETERY LOT

Cemetery: _____ Section: _____ Row _____ Lot _____ Plot: _____

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 _____

Standard < 4 feet Length _____

Cremation: type: _____

size: _____

**Type of Vault: _____ Company: _____

Style / Comp.: _____

Mausoleum: _____

**Tent placed by: _____

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: _____

Keyed by: _____

office use only