



TOWN OF LA POINTE GREENWOOD CEMETERY

PO Box 270, La Pointe, WI 54850

APPLICATION FOR BURIAL

BLOCK _____ LOT _____ GRAVE _____

You are hereby authorized and instructed, subject to your rules and regulations, to permit the interment/inurnment of the remains of:

Full Name _____

Date of Birth _____ Date of Death _____

Owner of Gravesite _____ Relationship _____

Address _____ Telephone _____

Military Branch _____ Rank _____ War _____

Burial Date _____ Burial Time _____

Funeral Home _____ (Check One) Casket _____ Urn _____

Comments/Special Instructions _____

Name of Next of Kin _____

Address of Next of Kin _____

I certify that I am the (relative, friend) _____ of the above-mentioned decedent and this is your authority to make disposition of the remains of said decedent as indicated above. I hereby certify and represent that I have the right to make this authorization.

Signature _____

Address _____

Signed this _____ day of _____, 20 _____

Telephone _____ Email _____

Approved _____ By _____
(Date) (Sexton)