



# 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 \_\_\_\_\_

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Approved \_\_\_\_\_ By \_\_\_\_\_  
(Date) (Sexton)