AUTHORIZATION TO OPEN GRAVE

Cemetery_____

Name _____

Section _____ Block _____ Grave # _____

For Burial of _____

Date of Birth _____ Date of Death_____

Date of Burial _____

Funeral Director Name _____

Address _____

Telephone Number _____

Name of Lot Owner/Representative _____

Address of Lot Owner/Representative _____

I, the undersigned, authorize and instruct the City of Cedarburg to inter the above listed deceased according to the rules and regulations of the cemetery.

_____ _____

Signature of Lot Representative Relationship to Deceased

_____

Date Witness