



**CITY OF LYNN HAVEN
CEMETERY AUTHORITY
INTERMENT AUTHORIZATION**

(LYNN HAVEN CEMETERY RULES AND REGULATIONS-RULES 23 & 24)
FAX 850-265-7300

**ORDERS FOR INTERMENT MUST BE RECEIVED PRIOR TO
10 A.M. ON THE PREVIOUS DAY INTERMENT IS TO BE MADE**

DATE REQUEST FILED _____ TIME OF DAY _____ AM/PM

CEMETERY INFORMATION

LYNN HAVEN _____ COMMUNITY _____
LOT # _____ BLOCK # _____ SPACE # _____
DEEDED OWNER OF SPACE _____

FUNERAL DIRECTOR INFORMATION

FACILITY NAME _____
PHONE _____ FAX _____ CELL _____
EXACT SIZE OF BURIAL CONTAINER _____

DECEASED INFORMATION

NAME _____ AGE _____
DATE OF INTERMENT _____
NEXT OF KIN NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE _____ CELL _____

SIGNATURE OF PERSON MAKING APPLICATION

APPROVAL OF CEMETERY AUTHORITY SIGNATURE

(REV 02/08/2008)