



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

(LYNN HAVEN CEMETERY RULES AND REGULATIONS-RULES 23 & 24)

Contact Roy or Kay at 850-265-5989 Email: [publicworks@cityoflynnhaven.com](mailto:publicworks@cityoflynnhaven.com)

**ORDERS FOR INTERMENT MUST BE RECEIVED BY 10:00 A.M.  
TWO DAYS PRIOR TO INTERMENT**

DATE REQUEST FILED \_\_\_\_\_ TIME OF DAY \_\_\_\_\_ AM/PM

**CEMETERY INFORMATION**

LYNN HAVEN \_\_\_\_\_ COMMUNITY \_\_\_\_\_  
BLOCK # \_\_\_\_\_ LOT # \_\_\_\_\_ SPACE # \_\_\_\_\_  
DEEDED OWNER OF SPACE \_\_\_\_\_  
COPY OF DEED - YES / NO \_\_\_\_\_

**FUNERAL DIRECTOR INFORMATION**

FACILITY NAME \_\_\_\_\_  
PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
EXACT SIZE OF BURIAL CONTAINER \_\_\_\_\_

**DECEASED INFORMATION**

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
VETERAN – YES / NO \_\_\_\_\_

DATE OF INTERMENT \_\_\_\_\_  
NEXT OF KIN NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ CELL \_\_\_\_\_

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

PERSON MAKING APPLICATION