



## CEMETERY APPLICATION

Date: \_\_\_\_\_

GRANTEE NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ SPACE No: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ SPACE No. \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ SPACE No: \_\_\_\_\_

PRICE: \_\_\_\_\_ RECORDING FEE: \_\_\_\_\_ TOTAL:

BURIAL PLACEMENT: \_\_\_ TRADITIONAL OR \_\_\_ NON-TRADITIONAL (cremation)

DECEASED: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ PLACE OF DEATH: \_\_\_\_\_

VETERAN STATUS: \_\_\_\_\_ WAR: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_

Funeral Home \_\_\_\_\_ Service Date: \_\_\_\_\_

Service Time: \_\_\_\_\_

Receipt No. \_\_\_\_\_

Cash  Check  No. \_\_\_\_\_ Visa/Mastercard  (convenience fee)

I have read and understand the rules and regulations of the City of Dade City cemetery Resolution 2015-02.

\_\_\_\_\_  
Applicant Signature

### To Be Completed By City Clerk's Office:

Notify Parks Dept. e-mail or fax phone or N/A (*circle one*)

Print Deed  Deed Date \_\_\_\_\_