

DUNN BURYING GROUND

Town of Dunn
4156 County Road B
McFarland, WI 53558
(608) 838-1081
FAX 838-1085

APPLICATION FOR INTERMENT

SECTION ____ BLOCK ____ LOT ____ GRAVE ____

You are hereby authorized and instructed, subject to your rules and regulations, to permit the interment of the remains of:

Name _____ Date of Death _____

Place of Birth _____ Date of Birth _____

Owner of Grave _____ Relationship _____

Military Rank _____ Branch _____ War _____

Interment Date _____ Interment Time _____

Funeral Director _____ Vault Type _____

Comments/Special instructions: _____

Name of next of kin _____

Address of next of kin _____

I certify that I am the (relative) _____ 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____

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Approved _____ By _____
(date) (sexton)