

DUNN BURYING GROUND APPLICATION FOR INTERNMENT

(Please Print)

Section: _____ Block: _____ Lot: _____ Grave: _____

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

Name: _____ Date of Death: _____

Place of Birth: _____ Date of Birth: _____

Owner of Grave: _____ Relationship: _____

Military Rank: _____ Branch: _____ War: _____

Funeral Home/Director: _____

Internment Date & Time: _____ Casket/Cremation _____

Special Instructions/Comments: _____

1st Next of Kin Contact: _____

Address: _____

Phone: _____ E-Mail: _____

2nd Next of Kin Contact: _____

Address: _____

Phone: _____ E-Mail: _____

I certify that I am the (designation) _____ 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.

Signed this _____ day of _____, 20 _____

Signature: _____

Printed Name: _____

Address: _____

Approved: _____

By: _____

(Date)

(Sexton)

Please remit to: TOWN OF DUNN – 4156 County Road B, McFarland, WI 53558
townhall@town.dunn.wi.us
Tel: 608-838-1081 Fax 608-838-1085

Office use only

Grave Marker Area				No Crem- ation Area