



Interment Request Form/Permit

Date of Interment: _____ 20 _____ Time: _____

You are hereby authorized and instructed, subject to your rules and regulations to inter the remains of _____

in _____ cemetery. Cremation: Yes _____ No _____

Date of Birth: _____ Date of Death: _____ Sex: _____

Vault: Yes _____ No _____ Type: _____ Vault Company: _____

Branch of Service: _____

Placement of Person for Interment: _____

Grave Space Purchased Required: Yes _____ No _____ Lot Purchase Required: Yes _____ No _____

Lot Number: _____ Space: _____ Street, Avenue, Section, Division: _____

Lot or Space Owner: _____

I hereby certify that I am _____ the _____ (relation) of the above named descendant and this is your authority to make disposition of the remains of said descendant as above indicated. I hereby certify and represent that I have the right to make this authorization, and I agree to hold the City of Thomasville, Georgia, harmless from any liability on account of said authorization and interment.

Address: _____ Phone Number: _____

I hereby authorize the above interment. _____ (Authorized Signature)

Funeral Home: _____

OFFICE USE

Lot #: _____ Space #: _____ St., Ave., Sect., Div.: _____

Map Code #: _____ Lot Dimension: _____ X _____

Disinterment Date: _____ Reinterment Date: _____

Grave Space Purchase: _____ Cash, Check or Charge to: _____

Lot Location/Administration Fee: _____ Cash, Check or Charge to: _____

Return to:

Denise Reichert, Cemetery Administrator
751 Remington Avenue, Thomasville, GA 31792
Office: (229) 227-4195 | Fax: (229) 227-4047
E-mail: citycemetery@thomasville.org