



CEMETERY APPLICATION

Date: _____

GRANTEE NAME(S): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NO.: _____

EMAIL: _____

BLOCK: _____ LOT: _____ SPACE No: _____

BLOCK: _____ LOT: _____ SPACE No: _____

BLOCK: _____ LOT: _____ SPACE No: _____

PRICE: _____ RECORDING FEE: _____ SPACE MARKING 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 _____