

City of Stone Mountain Stone Mountain Cemetery Interment Request

****Please Print or Type****

Date: _____

I, _____, do hereby request you to inter the remains of

(Name of Deceased)

Born: (Month/Day/Year) _____

Death: (Month/Day/Year) _____

Date of Interment: (Month/Day/Year) _____

Type of Interment: (Regular or Cremation): _____

Relationship of Requestor to Deceased: _____

Funeral Director: _____

I am the sole owner or part owner and in the event this should not be the proper grave space or it should be hereafter legally determined that the said remains should not have been interred therein, I agree and obligate myself to have said remains disinterred at my expense and will the Stone Mountain City Cemetery harmless by reason of said interment.

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Alternate Number: _____

Relationship to Deceased: _____

Owner: (Print Name) _____

Owner: (Signature) _____

Witness: (Print Name) _____

Witness: (Signature) _____

Interment Fee: Regular Burial: \$100.00 Interment Fee: Cremation: No Charge

Make Checks Payable To: City of Stone Mountain

FOR OFFICE USE ONLY		
Section: _____	Grid Coordinates: _____	Location Number: _____