

RIGHT OF INTERMENT FORM
ST. MICHAEL'S CEMETERY

Note: Do Not Send Originals

I wish to apply for the right to interment in St. Michael's Cemetery:

Name: _____

Address: _____

Telephone _____

Number: _____

I claim right to interment in St. Michael's Cemetery because (attach additional pages as required):

_____.

Family Name(s) of plot and names and relationship of others buried in this plot:

_____.

Please indicate the general location of the plot on the Overhead Diagram of St. Michael's Cemetery (Appendix "E") of St. Michael's Cemetery OP&R. A copy of the Overhead Diagram is attached hereto.

The attached documents support my claim to interment rights in St. Michael's Cemetery.

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State of _____.

County of _____.

Before me, the undersigned authority personally appeared and, _____,
who being first duly sworn, stated that the foregoing is true to the best of (select one) his/her/their
knowledge and belief. Sworn to and subscribed before me this ____ day of _____, 20__.

Notary Public

My commission expires: _____

Submit to:
St. Michael's Cemetery Foundation of Pensacola, Inc.
Post Office Box 13602
Pensacola, Florida 32591