

APPENDIX "C"

RIGHT OF INTERMENT (CREMAINS ONLY) REQUEST FORM ST. MICHAEL'S CEMETERY

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

Name: _____

Address: _____

Telephone Number/email: _____

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

_____.

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 "D") of St. Michael's Cemetery OP&R.
- Attach documents (copies) that support claim to interment rights in St. Michael's Cemetery.
- Attach notarized statement indicating you have consulted with other family members of the original plot grantee and that they support your use of a family related space.
- Attach releases from affected family members indicating they relinquish their right to the burial space being requested (please enclose written consent by each impacted family member). See Section I part g.
- By signing below, I acknowledge that I have read the SMCF Operating Procedures and Regulations and that I will comply with them.

Signature of Applicant :(s)

_____ Date: _____

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