



CITY OF KINSTON BURIAL PERMIT APPLICATION

Email to: debra.thompson@ci.kinston.nc.us

Grave Space \$ _____

Fax: 252.939.3388

Opening & Closing \$ _____

Call - City Clerk: 252.939.3115 or Clerk Admin: 252.939.3253

Cemetery Supervisor: 252.468.5604 (nights/weekends and/or holidays)

First Name _____ MI/Maiden _____ Last Name _____ Sex: _____ Age: _____

Address: _____ City: _____ State: _____ ZIP: _____

Date of Birth: _____ Date of Death: _____ Race: _____

Funeral Day: _____ Month/Date/Year: _____ Time: _____

Type of Service Chapel Church Graveside
Cemetery: Cedar Grove Maplewood Southview Westview Temple of Israel

Division: _____ Section: _____ Lot: _____ Space: _____

Burial: Direct Vault Continental Vault Box Plastic Container Concrete Liner Urn Urn Vault

Funeral Home: _____ Telephone: _____ Rep. _____
Email: _____ Fax: _____

Special Notes: _____

***PLEASE INCLUDE A COPY OF THE DEED. COMPLETE THE SECTION BELOW AND NOTARIZE.**

PERMISSION TO BURY

Owner/Family Representative: _____ Relationship: _____
Physical Address: _____ Phone # _____

Owner/Family Representative: _____ Relationship: _____
Physical Address: _____ Phone # _____

I/We, _____, being the legal owner, or family member of a lot in _____ Cemetery
(Div. __; Section __; Lot __; Space __) hereby permit the above deceased to be interred in said property.

Sworn to and subscribed before me this ___ day of _____, 20__.

Notary Public Printed Name: _____ Signature: _____

My Commission Expires: _____ SEAL

****IF MORE OWNERS/FAMILY REPRESENTATIVES PLEASE ATTACH AN ADDITIONAL SHEET**

CEMETERY WORK ORDER SHEET (Cemetery Staff Only)

Work Order # _____ Burial Time: _____

Date: _____ Weekday Weekend Holiday

Cemetery Staff: _____

Equipment: _____ Funeral Home: _____

Signature: _____