

# Interment Authorization For City of Milledgeville Cemeteries

Today's Date: \_\_\_\_\_

Funeral Home Name: \_\_\_\_\_

Funeral Home Address: \_\_\_\_\_

Funeral Director: \_\_\_\_\_ Contact Number: \_\_\_\_\_

❖ Name of Deceased: \_\_\_\_\_

❖ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Lot Owner: \_\_\_\_\_

Lot: \_\_\_\_\_ Section: \_\_\_\_\_ Location/Side: North South East West

Burial Size: Adult Child Vault Type: \_\_\_\_\_

Funeral Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m.

*PLEASE INDICATE THE GRAVE SPACE TO BE USED FOR THE ABOVE INTERMENT  
REFERENCE ANY EXISTING GRAVE MARKERS/BURIALS*

(HEAD)				
(FOOT)				

\_\_\_\_\_  
Funeral Director's Signature

\_\_\_\_\_  
Date

**Fax this form to Public Works 478-414-4038  
at least 48 hours prior to any disturbance in the Cemetery**