

## PRIVATE CEMETERY INTERMENT PERMIT APPLICATION

An Interment Permit is required for burial or interment in any cemetery, regardless of ownership, within the City of Seward (SCC 7.20.020). Each grave site must be marked. A temporary marker is allowed for up to one year, by which time a permanent marker must be placed that includes a minimum inscription of the deceased's full name, year of birth & year of death.

City of Seward, Parks and Recreation Office

Email: <a href="mailto:sewardparks@cityofseward.net">sewardparks@cityofseward.net</a> Phone: (907) 224-4055

| APPLICANT INF   | ORMATION                                     |                                    |             |                   |                            |  |
|---|--|------------------------------------|-------------|-------------------|----------------------------|--|
|   |  |                                    | State:      |                   |                            |  |
| *This document is i   | ssued by the Bureau of                       | Vital Statistics and is            | provided to | the applicar      | nt by the Funeral Home     |  |
| Name of Deceased:   | (First, Middle, Last)                        |                                    |             | Gende             | r:                         |  |
| Maiden Name:  |  |                                    |             |                   |                            |  |
| Date of Birth:  | MM/DD/YYYY                                   | Place of Birth:                    |             |                   |                            |  |
| Date of Death:  | MM/DD/YYYY                                   | Place of Death:                    |             |                   |                            |  |
| Cemetery Choice:  | Pioneers O Masoni These cemeteries have spec | J                                  |             | contacts for prei | parations.                 |  |
| Signature of<br>Approving Official  | Pioneers (Dawn Campbell)                     | Masonic (Alex Mc                   |             |                   | an Legion (Clare Sullivan) |  |
| Date of Burial:   | MM/DD/YYYY                                   | Burial Plot / Columbarium Niche #: |             |                   |                            |  |
| Type of Marker:   | Headstone O                                  | Cross O                            | Plaqu       | e O               | Other:                     |  |
| APPLICANT<br>CONTACT<br>INFORMATION   | Address:<br>Phone:                           |                                    |             |                   |                            |  |
| Relationship  | p to Deceased:                               |                                    |             |                   |                            |  |
| If applicable: FUNERAL HOME CONTACT INFORMATION   | Address:                                     |                                    |             |                   |                            |  |
| CONTACT<br>INFORMATION FOR<br>WHO IS PERFORMING<br>SITE PREPARATION<br>The City does not dig<br>graves. | Name:  |                                    |             |                   |                            |  |
|   | Address:                                     |                                    |             |                   |                            |  |
|   | Email:                                       |                                    |             |                   |                            |  |
| INTERMENT   |  |                                    |             |                   |                            |  |
| RESERVATION: This is only for an individual who is still living Burial Plot / Columb                    | Phone:<br>Email:                             |                                    |             |                   |                            |  |