Authorization for Burial
Hillcrest Cemetery
Phone: 919-460-4941
E-mail: virginia.johnson@townofcary.org

I, _________________________________________, the owner or authorized representative of the burial lot described below, do hereby authorize the following burial in the said lot:

Name of Deceased: ____________________________________________________________

Date of Death: ______________________________________________________________

Date of Burial: ______________________________________________________________

Time of Burial: ______________________________________________________________

Type of Burial (Traditional or Urn): ______________________________________________

Funeral Home in charge of arrangements: _________________________________________

Contact person: __________________________________________________________________

Telephone number: __________________________________________________________________

Description of Lot:

Lot is located in the **Old Section (sections A, B, C, D, E, F, G, H, I, L and M)** of the cemetery and is described as Lot # (if applicable) ________________________________

OR

Lot is located in the **Newest Section (sections J & K)** of the cemetery and is described as Lot # __________________________________________________________

Signed and sealed this the ______ day of ______________________, 20____.

____________________________________
Signature

Witness:

____________________________________
____________________________________
(Title, if applicable)