

Permission for Burial of Human Remains in

Mound / Graceland Cemeteries

Date: _____

I, _____, hereby declare that I am the
(Owner or representative)

_____ of _____
(Relationship to deceased) (Deceased)

and that he/she resided at _____
(Street address)

in the City / Town / Village of _____, County of _____,

in the State of _____, zip code _____.

By signing below, I declare that I am authorized to grant permission to the City of Racine's Parks, Recreation, Cultural Services, and Cemetery Department to inter or entomb the human remains of the deceased in the following pre-purchased space at:

_____ Mound Cemetery _____ Graceland Cemetery
(Check One)

Grave Number _____ Lot _____ Block _____

Crypt Number _____ Section _____

Niche Number _____ Row _____ Section _____

I declare that the information above is true and correct to the best of my ability, knowledge, and belief and agree to hold the City of Racine's Parks, Recreation, Cultural Services, and Cemetery Commission and any of its agents or employees harmless from any misrepresentations or any liability thereon.

Printed Name: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell: _____