

KEY WEST CEMETERY

Application for Interment
Key West Cemetery Form #1 (rev 6/07)

Name of the Deceased _____
(Please Print) Last First Middle Maiden

Address _____
Street City State Zip

Date of Birth _____ Place of Birth _____

Date of Death _____ Place of Death _____

Sex _____ Race _____ Age _____ Marital Status _____ Veteran _____

Next of Kin _____

Phone _____ E-Mail _____

Children's Names and Phone (optional) _____

Applicant (Print) _____

Applicant Signature _____

Address _____
Street City State Zip

Relationship of Applicant to Deceased _____

Date of Funeral _____ Time _____ Funeral Director _____

Permit Number (Funeral Director provided) _____ Contractor _____

Type of Grave _____ Grave Location _____

Comments _____

Signature of Sexton _____ Date _____

Russell Brittain, Sr