

Permission for Burial of Human Remains in

Mound and/or Graceland Cemeteries

Date: _____

_____, hereby declares that I am the
(owner or representative)

_____ of _____ and he/she resided
(Relationship) (Deceased)

at _____

in the city/ town/ village of _____ County of _____

and the State of _____. By signing below, I declare that I am

authorized to grant permission to the City of Racine, the Parks, Recreation and Cultural

Services and its Cemetery department to inter or entomb the human remains of the

deceased in the following pre-purchased space at Mound or 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 information, knowledge and belief and agree to hold the City of Racine, the Parks, Recreation and Cultural Services Department, the Cemetery Commission and any of its agents or employees harmless from any misrepresentations or any liability thereon.

Printed Name: _____ Signature: _____

Address: _____

City: _____ State: _____ Telephone: _____