

**DUNN BURYING GROUND APPLICATION FOR INTERNMENT**

(Please Print)

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Grave: \_\_\_\_\_

You are hereby authorized and instructed, subject to the rules and regulations, to permit the internment of the remains of:

Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner of Grave: \_\_\_\_\_ Relationship: \_\_\_\_\_

Military Rank: \_\_\_\_\_ Branch: \_\_\_\_\_ War: \_\_\_\_\_

Funeral Home/Director: \_\_\_\_\_

Internment Date & Time: \_\_\_\_\_ Casket/Cremation \_\_\_\_\_

Special Instructions/Comments: \_\_\_\_\_

1<sup>st</sup> Next of Kin Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2<sup>nd</sup> Next of Kin Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I certify that I am the (designation) \_\_\_\_\_ of the above-mentioned decedent and this is your authority to make disposition of the remains of said decedent as indicated above. I hereby certify and represent that I have the right to make this authorization.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Approved: \_\_\_\_\_

By: \_\_\_\_\_

(Date)

(Sexton)

Please remit to: TOWN OF DUNN – 4156 County Road B, McFarland, WI 53558

[townhall@town.dunn.wi.us](mailto:townhall@town.dunn.wi.us)

Tel: 608-838-1081 Fax 608-838-1085
