



CITY OF VILLA RICA

Authorization to Open & Close Grave in City Cemetery **\$25.00 PERMIT FEE**

Hillcrest
Cemetery

Garden of Rest
Cemetery

NAME OF DECEASED

DATE OF DEATH

DATE OF BIRTH

REQUESTOR

REQUESTOR'S RELATION TO
DECEASED

REQUESTOR ADDRESS

CITY, STATE, ZIP CODE

REQUESTOR'S PHONE NUMBER

FUNERAL HOME

PHONE NUMBER

GRAVE SERVICE COMPANY

PHONE NUMBER

Section

Lot

Date of Opening _____

Date of Closing _____

By my signature, I acknowledge receipt of the City of Villa Rica Cemetery Ordinance.

SIGNATURE OF REQUESTOR

DATE

PAID \$ _____

SIGNATURE OF CITY OFFICIAL

DATE