

BURIAL PERMIT

Town of Clover - 116 Bethel Street - PO Box 1060 - Clover, SC 29710 - 803-222-9495

Clover Community Cemetery

Section _____

Woodside Cemetery

Row _____

Lot _____

Assigned Space # _____

Burial Date _____

DECEASED NAME—Please print clearly.

Interment Disinterment

Adult Baby/Child Cremation Other: _____

Full Name _____

Place of Death _____

Address _____

City _____ St _____ Zip _____

Relationship to Lot Owner _____ (ex. wife, husband, son, daughter, friend, etc.)

Funeral Home _____ Vault Type _____ Vault Vendor _____

Optional Information

Male / Female Mr. / Mrs. / Ms. / Dr. Marital Status _____

Maiden Name _____ Age _____ Religion _____

Date of Birth _____ Marriage Date _____ SSN _____

Veteran In War _____ Svc Branch _____ Rank _____

Burial Authorization

Burial will only be permitted after issuance of a Burial Permit by the Town of Clover signed by the owner(s) or a person designated by the owner(s) in a written designation filed with the Town of Clover. In the event of ownership by more than one person, all owners must sign the Burial Permit or written designation. Proof of ownership must be provided before a Burial Permit will be issued.

Signatures

State of _____)
County of _____)

On this ____ day of _____, 20____, before me personally appeared _____ who provided satisfactory evidence of his/her identification to be the person whose name is subscribed to this instrument, and he/she acknowledged that he/she executed the foregoing instrument.

Notary Public, _____ (print name)

My Commission Expires _____

Payment Information—\$50 permit fee

Cash

Check

Credit Card (If desired, fax to Town of Clover at 803-222-6955)

Card Number _____

Exp Date _____

Name on card _____

Billing Address _____

Billing Zip Code _____

Signature _____ Date _____

Original: Town of Clover

Copy to: Person obtaining permit