

# City of Yankton Municipal Cemetery

Office Number: (605) 668-5231  
Email: cmchenry@cityofyankton.org

## INTERMENT AUTHORIZATION

Interment for (name of deceased) \_\_\_\_\_

has been scheduled for the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at  
\_\_\_\_\_ o'clock in the \_\_\_\_\_m.

Do you need to purchase a grave space? \_\_\_\_\_ YES \_\_\_\_\_ NO

Bill Grave Space to: Name \_\_\_\_\_

Address \_\_\_\_\_

The cemetery is authorized to prepare for the following interment:

BLOCK NUMBER \_\_\_\_\_ LOT NUMBER \_\_\_\_\_

GRAVE NUMBER \_\_\_\_\_

FULL BURIAL \_\_\_\_\_ CREMATION \_\_\_\_\_

I/We hereby acknowledge that I/we have the legal right to authorize interment for the deceased, and I/we authorize Yankton Municipal Cemetery to perform these services.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name and Relationship)

Date: \_\_\_\_\_

### FUNERAL DIRECTOR

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

Company: \_\_\_\_\_

Date: \_\_\_\_\_

FEES OWED (opening/closing, plot, etc.)

Amount paid: \_\_\_\_\_

Date: \_\_\_\_\_

Please bill this amount: \_\_\_\_\_

Billed date: \_\_\_\_\_