



# City of Zanesville

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CEMETERIES & PARKS MAINTENANCE  
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## Grave Space Authorization & Burial Designation Form

This form is to be completed by the *plot owner* or *legal next of kin* to identify who may be interred in the specified grave space, along with any family-imposed restrictions or special instructions.

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### Plot Information

- **Name of Deed Holder / Original Purchaser:** \_\_\_\_\_
- **Cemetery:**  Woodlawn  Greenwood
- **Grave Location (Section/Lot/Row/Grave):** \_\_\_\_\_
- **Type of Plot:**  
 Full-Sized Burial Plot  Veteran Section  
 Cremains Plot  Infant Plot

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### Authorized Burials

Please list the individuals who are *authorized* to be interred in this plot.

Full Name of Person	Date of Birth	Date of Death (if applicable)	Relationship to Plot Holder	Type of Burial (Full/Cremains)

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## Family-Imposed Restrictions

Please specify any **restrictions or limitations** your family wishes to impose regarding future use of this plot:

- Only immediate family members may be interred.
- No additional cremains beyond [#] \_\_\_\_\_ may be buried (max allowed is 6).
  - I understand second right of interment limitations and agree to all items outlined in the Second Right of Internment Agreement. *Initial:* \_\_\_\_\_
- No second interments allowed under any circumstances.
- Must have written approval from [Name/Relation]: \_\_\_\_\_
- Other restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Authorization

By signing below, I confirm that I am the legal deed holder or authorized next of kin for the grave listed above. I certify that the information provided is accurate to the best of my knowledge and that I understand any listed restrictions will be used to guide future burial decisions for this plot.

Printed Name: \_\_\_\_\_ Relationship to Plot Holder: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

## Cemetery Office Use Only

Verified by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_