SANTA MARGARITA CEMETERY DISTRICT

DRAFT APPLICATION FOR CEMETERY SERVICES

Name: _____

Mailing Address: _____

City/State/ZIP: _____

Phone: _____ **Email:** _____

PERSONS TO WHOM SERVICES RELATE

Full Legal Name: _____

Date of Birth: _____ **Date of Death:** _____

Relationship to Applicant: _____

SERVICE REQUESTED

- ☐ **Burial / Interment – Full Body**
- ☐ **Cremation Interment**
- ☐ **Purchase of Cemetery Plot**
- ☐ **Records Request**
- ☐ **Disinterment / Removal**
- ☐ **Other:** _____

Preferred Date of Service: _____ **Approximate Time:** _____

LOCATION-PLOT-FUNERAL HOME INFORMATION

Existing Plot or Location (if applicable): _____

Plot Owner / Recorded Owner: _____

Funeral Home / Crematory: _____

Funeral Home Contact: _____ **Phone:** _____

APPLICANT

I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that cemetery services are subject to the rules, regulations, policies, fees, and availability of the Santa Margarita Cemetery District. I understand that additional documentation or authorization may be required before services can be scheduled or completed.

Applicant Signature: _____ **Date:** _____

Printed Name: _____

FOR CEMETERY DISTRICT USE ONLY

Application Received: _____ **Received By:** _____

Documents Required/Received: _____

Fees Due: $_____ **Fees Paid:** $_____

Service/Plot Approved: _____ **Date:** _____

District Representative: _____

Notes: _____

Santa Margarita Cemetery District
San Luis Obispo County, California