

All signatures required prior to filing

FEE: \$300.00

CITY OF CAMERON

100 S. Houston Ave./P. O. Box 833, Cameron, TX 76520
254-697-6646 254-697-3040 Fax

BURIAL PERMIT

RECEIPT #: _____

DATE: _____

Name of Deceased		
Address at Time of Death		
Date of Birth	Date of Death	Date of Burial
Place of Death		

Place of Burial (Burial grave description required prior to filing)	Space
	Row/Lot
	Section

Funeral Director	Funeral Home
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- I hereby request the City to mark above described place of burial for the above-named person. I understand that it is my responsibility to determine the description and will contact City if place of burial is unknown.
- I understand that the City is not held liable for wrong placement if information is incomplete.
- **I also understand that all areas of this form must be completed before a grave will be marked.**

Name of Grave Digger

Signature of Funeral Director

Witness my hand and seal at Cameron, Texas, on this the _____ day of _____, 20__.

City Secretary

The above listed grave was marked on _____ (time) _____ (date)

Signature of Person Marking Lot

Effective July 20, 2020