

Date \_\_\_\_\_  
Completed by \_\_\_\_\_



CITY OF MEBANE  
INTERMENT ORDER/ATTESTATION FORM

The City is hereby authorized and requested to open:

Section: \_\_\_\_\_ Row: \_\_\_\_\_ Plot: \_\_\_\_\_

Mebane Memorial Garden ☐

Oakwood Cemetery ☐

Date to be interred: \_\_\_\_\_ subject to its rules and regulations.

Name of Deceased: \_\_\_\_\_

Lot Owner \_\_\_\_\_

Funeral Home \_\_\_\_\_

Place of Service \_\_\_\_\_ Time of Service \_\_\_\_\_

**I have visited the above designated lot and know its location in the cemetery and the exact location of the grave indicated.**

Owner or Legal Representative \_\_\_\_\_ Witness \_\_\_\_\_

Relationship to Owner \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Vault Company \_\_\_\_\_ Vault Type \_\_\_\_\_

Special Instructions:

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Diagram: