

Town of Elkin  
 Elkin Recreation & Parks Department  
 399 HWY 268 W. PO Box 345  
 Elkin NC 28621  
 336-258-8917



**INTERMENT AUTHORIZATION FORM**

HOLLYWOOD CEMETERY: Non interment shall take place until a written authority, signed by the proper relative or legal representative of the deceased has been provided to the Town of Elkin. By signing you are authorizing the Town of Elkin and Elkin Recreation and Parks Department that you are a controlling authority of the property.

Full Name of Deceased: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
 Deceased relationship to plot owner: \_\_\_\_\_  
 Funeral Service: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_ Type of Container: (Please Circle) Casket/Vault      Cremation  
 Date of Interment/Graveside Service: \_\_\_\_\_ Time: \_\_\_\_\_  
 Section: \_\_\_\_\_ Plot: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Family Contact: \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Directions: Please enter the location of the interment on the burial plot map to the right.

For 4-person plots use the left half of the map.

For 2-person plots use the bottom right area of the map.

For 8-person plots use entire map.

Please enter the names of others buried in the plot on the map to assist in location of interment.

1	2	3	4
3	4	1	2
5	6	7	8

You are hereby authorized, subject to your rules and regulations, to open the above specified location. The Town of Elkin by accepting and relying upon the representations made in this application is NOT making a decision that the person signing this form is legally entitled to make this request.

\_\_\_\_\_  
 Signature of Property Owner/Legal Representative      Date

**INTERMENT FORM MUST BE RECEIVED A MINIMUM OF 48 HOURS PRIOR TO INTERMENT. PLEASE MAIL OR DELIVER FORM TO THE ADDRESS ABOVE OR EMAIL TO: [KGARRIS@ELKINNC.ORG](mailto:KGARRIS@ELKINNC.ORG) AND [AMCCOMB@ELKINNC.ORG](mailto:AMCCOMB@ELKINNC.ORG) .**

**OFFICE USE ONLY**

Burial Location checked against Cemetery Records \_\_\_\_\_ Staff Initials \_\_\_\_\_  
 Lot/Pins Located \_\_\_\_\_ Date \_\_\_\_\_  
 Family/Funeral Service knows location and grave is marked \_\_\_\_\_