



Office Use Only
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CITY OF LAURINBURG

P.O. Box 249
Laurinburg, NC 28353
Fax 910-276-0354

BURIAL AUTHORIZATION PERMIT Burial Permit \$25.00

Date: _____

Deeded to _____

Cemetery _____

Lot No. _____ Section _____

Spaces _____ Deed No.* _____

* Please make every effort to get the
Deed and lot number in order to
locate correct burial space.

Deceased _____

Space Buried _____

Address _____

Space marked off by _____

Age _____

Date marked off _____

Death Date _____

Date & time of opening _____

Mortuary _____

Director providing information

Burial Authorized by _____

List existing burials - Specify space for new burial

If satisfactory information is not given, a family member must schedule a time to meet with the Cemetery Supervisor.

Contact Person _____ Phone Number _____