



# CITY OF SALUDA

NORTH CAROLINA

## Saluda Cemetery

### Interment or Exhumation Permit

Please fill in all spaces. A copy (not original) of the Death Certificate is requested to be filed with permit.

Date:	Name of Applicant:	Address:	
Primary Phone Number:	Secondary Phone Number:	I am applying to Inter/Exhume <b>(circle one)</b>	Name of Person to be Interred/Exhumed:
Plot Info: Section _____  Block _____  Plot _____		Agency providing Interment/Exhumation: (Name, Address & Phone)	Date of Interment/Exhumation:   Urn/Casket/Ashes Scattered <b>(circle one)</b>

*Official Use Only*

Copy of Death Certificate \_\_\_Yes\_\_\_No

Permit Issued By \_\_\_\_\_ Date \_\_\_\_\_

rev 06/13/2022