City of Keystone Heights

555 South Lawrence Blvd
Keystone Heights, Florida 32656
352.473.4807 Off 352.473.5101 Fax

Cemetery Burial Permit

Date _____

- BURIAL
- CREMATION

VETERAN YES ☐ NO ☐

This is authority for_____to be buried in

- Keystone Memorial
- 1st Addition
- 2nd Addition

Block Number:

Lot/Space:_____

- Old Cemetery
- Columbarium

Burial Name:_____Date of Birth:_____

Date of Death:_____Date Interred: _____

First of Kin:_____Relationship:_____

Address:_____

Telephone Number: (_____) _____Email: _____

Funeral Home: _____

Address:_____

Telephone Number: (_____) _____

Fee: $200.00 payable to the City of Keystone Heights Cemetery

Office Permit Processing:

Date Received: _____ Check #_____ Credit Card Receipt # _____
Amount: _____ By: _____