



2194 EMORY STREET N.W. \* P.O. Box 1527  
COVINGTON, GEORGIA 30015

Phone: (770) 385-2000  
Fax: (770) 385-2060

**SOUTHVIEW & WESTVIEW CEMETERIES**

DATE: \_\_\_\_\_

Please complete this form and return it to the City of Covington at the address above. You may also fax this information to 770-385-2060.

Cemetery of Burial: Southview: \_\_\_\_\_ Westview: \_\_\_\_\_ Date of Burial: \_\_\_\_\_

Name of Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name of Person to Be Buried: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Date Of Death: \_\_\_/\_\_\_/\_\_\_ (All four digits in the year).

Full Name of Spouse: (whether Living or Deceased) \_\_\_\_\_

Grid & Lot Number of Burial: \_\_\_\_\_ Type of Vault: \_\_\_\_\_

Owner's Name as Shown on Deed: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Grandfather's Name: \_\_\_\_\_

Name of Lot Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name, Address and Phone Number of Nearest Relative:  
\_\_\_\_\_  
\_\_\_\_\_

Please Provide Military Service: Branch: \_\_\_\_\_  
War: \_\_\_\_\_  
Rank/Title: \_\_\_\_\_

Please Describe Grave Location on the Lot:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person in Charge of Burial

