RESTLAWN CEMETERY
Grave Opening Permit Request

NAME OF LOT OWNER _____

BURIAL TO BE MADE ON:

SECTION _____

BLOCK NO. _____

LOT LETTER _____

N

F	L	
E	K	
D	J	
C	I	
B	H	
A	G	

W E

S

REMAINS OF: _____

PLACE OF DEATH _____ DATE OF DEATH _____

DATE OF INTERMENT _____

AGE _____ SEX ☐ Male ☐ Female

RELATIONSHIP OF DECEASED TO LOT OWNER _____

SERVICES:

☐ Chapel _____ am/pm ☐ Casket

☐ Church _____ am/pm ☐ Cremation

☐ Grave Side _____ am/pm ☐ Saturday/Sunday/Holiday

MORTICIAN _____

PERMISSION IS HERBY GRANTED TO INTER THE REMAINS.

COUNTY CLERK'S OFFICE _____

This form to be filled in and presented to the County Clerk's Office, 515 N Washington Ste 100, Liberal, KS when requesting a grave opening.

OFFICE USE:

☐ Update Software ☐ Update file folder ☐ Obituary

☐ Update Map ☐ Call Sexton