



CITY OF LYNN HAVEN
CEMETERY INTERMENT POLICY
CEMETERY AUTHORITY

PURPOSE

The purpose of this policy is to establish a consistent process and understanding of the Interment process in accordance with the City of Lynn Haven Cemetery Authority.

POLICY

No interment shall take place without authorization, order, or permit signed by the person or persons authorized by law, the City of Lynn Haven and/or by the lot owner or owners. The same shall designate the location of the lot to be used and shall be filed in the office of the Cemetery Authority located at the City of Lynn Haven Public Works Complex located at 1308 Illinois Avenue, Lynn Haven, FL 32444. The Cemetery Authority shall be entitled to rely on the accuracy of the information set forth in such permit and shall not be liable for any error therein contained, or as to the identity of the person whose remains are to be interred.

Order of Interment must be received in the form of the "Interment Authorization Form" by following the instructions on the form. Such orders must be confirmed in writing Twenty-four (24) to forty-eight (48) hours prior to the time of actual interment. The Cemetery Authority shall not be responsible for any error that may be made in the telephoned interment order.

Orders for interment authorization form must be received prior to 10:00 A.M. two (2) days prior to the day the interment is to be made, and the following information must be furnished:

- Name and age of the deceased.
- Date of birth and date of death
- Block, Lot, and Space number.
- Name of the owner of the interment space.
- Name and contact information of a Funeral Home arranging interment.
- The exact size of the burial container (traditional burial or cremation).
- Date of interment and time of arrival at Cemetery.
- Name, address, and contact information of next of kin.

All funerals upon reaching the Cemetery shall be under the supervision of the Funeral Home. The Cemetery Authority shall have the right to refuse to proceed with the interment unless the funeral is accompanied by a duly licensed funeral director.

The Cemetery Authority shall not be liable for any delay in interment where its Rules and Regulations have not been complied with, or where unforeseen underground obstructions may be encountered, or where protest has been made, or circumstances beyond the Cemetery's control.



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- This form must be filled out in its **entirety** before submitting.
- No Cemetery work will be allowed with out approval.
- Form must be received by **10:00 A.M. CTS two (2) days prior to interment.**
- Email Form to: **cemetery@cityoflynnhaven.com**

FUNERAL INFORMATION

Funeral Home or Church Name: _____

Contact Person's Name: _____

Email: _____ Phone: _____

INTERMENT INFORMATION

Deceased Full Name: _____

Date of Interment: _____

Time of Interment: _____

Date of Birth: _____ **Date of Death:** _____

Veteran: Yes No

Interment Location: Mount Hope Cemetery (Lynn Haven) Community Cemetery

Interment Space: BLOCK# _____ LOT# _____ SPACE# _____

Interment Type: Traditional Cremation

Copy of Deed? Yes No

Deed Owner Full Name _____

NEXT OF KIN

Full Name: _____

Address: _____

Email: _____ Phone: _____

CEMETERY AUTHORITY APPROVAL

Cemetery Authority Name: _____

Approval Signature _____

Date of Approval: _____