



PERMISSION FOR BURIAL ON PRIVATE PROPERTY

NAME OF APPLICANT:

ADDRESS OF APPLICANT:

APPLICANT'S CONTACT NO.:.....

NAME OF CONTACT PERSON: **CONTACT NO.:**.....

NAME OF THE DECEASED:

PLACE OF BURIAL:..... **DATE OF BURIAL:**.....

DIRECTION TO BURIAL SITE:

.....

.....

NAME OF LAND OWNER:

The most recent PROPERTY TAX RECEIPT MUST be accompanied with PROOF OF OWNERSHIP

PROOF OF OWNERSHIP: Title Will Certified letter to show ownership of property or consent from family members

SIGNATURE OF APPLICANT: **DATE:**

OFFICIAL USE ONLY

Amount Due:..... **Amount Paid:**..... **RECEIPT#:**..... **SIGNATURE:**.....

MEDICAL OFFICER (HEALTH)

Please see application dated above. Kindly investigate as a matter of **URGENCY**, and let us have your report as soon as possible.

Thanks for your usual cooperation.

.....
For Chief Executive Officer
St. Catherine Municipal Corporation

C Parochial Inspector
The above is referred for your usual attention

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For Chief Executive Officer

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