

**Actions Performed In Fairview or Evergreen Cemetery**

**Submit To Town Hall Staff 48 Hours Prior To Action**  
**Fax Number: 919-494-7804, Email: [kworley@franklintonnc.us](mailto:kworley@franklintonnc.us)**

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Company Representative Signature \_\_\_\_\_

Date Work to be performed \_\_\_\_\_

Work To Be Performed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deed Holder's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Cemetery \_\_\_\_\_ Deed Number \_\_\_\_\_ Lot Number \_\_\_\_\_

Deceased Name \_\_\_\_\_

Contact Information if different from deed:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

***For Office Use Only:***

Date Received: \_\_\_\_\_ by \_\_\_\_\_ Time \_\_\_\_\_

Town Representative Approval: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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