



MIKE COOPER  
Mayor

# CITY OF COVINGTON

CEMETERIES

317 North Jefferson Avenue

Post Office Box 778

Covington, Louisiana 70434

phone 985.898.4717

fax 985.635.0076

website www.covla.com

## CEMETERY PLOT OPENING PERMIT

**Paid** \_\_\_\_\_ **Date** \_\_\_\_\_ **Check #** \_\_\_\_\_

NAME OF DECEASED \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME OF CEMETERY \_\_\_\_\_

PLOT NUMBER/PHYSICAL LOCATION\* \_\_\_\_\_

*\*In the absence of a deed or sales receipt, please attach affidavit of ownership, along with photo or map of the plot.*

Permit granted to \_\_\_\_\_  
*name of funeral home*

Represented by \_\_\_\_\_ / \_\_\_\_\_  
*name phone / fax*

Having paid the sum of \$50.00 (Fifty and No/100 Dollars) to the City of Covington, the above-named funeral home is hereby permitted to open the grave of \_\_\_\_\_ for the burial of \_\_\_\_\_ in a plot described as \_\_\_\_\_ in \_\_\_\_\_ Cemetery.

Granted in Covington, Louisiana, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ year

### FUNERAL HOME REPRESENTATIVE

### CITY OF COVINGTON REPRESENTATIVE

By: \_\_\_\_\_  
*signature*  
\_\_\_\_\_  
*print name*

By: \_\_\_\_\_  
*signature*  
\_\_\_\_\_  
*print name*