



MARK R. JOHNSON
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

By: _____
signature

print name

CITY OF COVINGTON REPRESENTATIVE

By: _____
signature

print name