

**ST. DAVID'S EPISCOPAL CHURCH**  
**P.O. BOX 152**  
**CULLOWHEE, NC 28783**  
Updated 2/24/2018  
**APPLICATION FOR BURIAL**  
**IN ST. DAVID'S CEMETERY**

I/we hereby request the burial of the remains/cremains of:

FULL NAME

DOB

---

---

In St. David's Cemetery in a (mark one with an x)

\_\_\_\_\_ Burial Plot (14'x12')

\_\_\_\_\_ Cremains Plot (3' x 2.5')

I/we have read and agree to all of the attached policies governing St. David's cemetery. I/we have made these rules known to the person/s named below as responsible for carrying out my/our wishes and they understand that my/our signature(s) hereto is binding on them.

I/we understand that the cost of a burial plot is as follows:

Burial Plot (14'x12') \$1000

Cremains Plot (3'x3') \$400

I/we understand that fees must be paid when assignment of a plot is made and that fees are not refundable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ST. DAVID'S EPISCOPAL CHURCH  
P.O. BOX 152  
CULLOWHEE, NC 28783**

**APPLICATION FOR BURIAL  
IN ST. DAVID'S CEMETERY  
PAGE 2**

**Person responsible for carrying out the wishes of**

\_\_\_\_\_  
(Printed name of person who signed above)

**as expressed above.**

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_

Telephone\_\_\_\_\_

**Person responsible for carrying out the wishes of**

\_\_\_\_\_  
(Printed name of person who signed above)

**as expressed above.**

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_

Telephone\_\_\_\_\_

**Approved by Vestry on\_\_\_\_\_.**

\_\_\_\_\_  
Clerk of St. David's Vestry