

Saluda Cemetery Internment & Exhumation Permit

Date _____

Name of Applicant: _____

Address _____

Phone Number: Home _____ Daytime _____

I am applying to intern/exhume (circle one).

Name of Person to be interned or exhumed:

In Block _____ Section _____ Plot _____

Agency providing
internment/exhumation _____

Address: _____

Phone# _____

Date of Internment or Exhumation _____

Location of Service _____

Please check one: Cremation _____ Regular _____

Permit Issued by _____ Date _____

***City of Saluda, North Carolina
P. O. Box 248, Saluda, N.C. 28773
828-749-2581- FAX- 828-749-2373***