



CITY OF FORT MYERS, FLORIDA  
CITY CLERK'S OFFICE  
PO BOX 2217  
FORT MYERS, FL 33902  
www.cityftmyers.com

Cemetery Administration 239-321-7037  
Cemetery Field Supervisor 239-220-2454

**email application to CEMETERY@CITYFTMYERS.COM**  
**INTERMENT/INURNMENT APPLICATION**

Name of deceased: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Day of Funeral \_\_\_\_\_ Date of Funeral \_\_\_\_\_ Estimated Time of Arrival at Cemetery \_\_\_\_\_

Cemetery \_\_\_\_\_ Block /Section \_\_\_\_\_ Lot/Column \_\_\_\_\_ Space/Niche \_\_\_\_\_

**If deceased is an infant, please provide infant vault/composite dimensions:**

H" \_\_\_\_\_ W" \_\_\_\_\_ D" \_\_\_\_\_

**LOT OWNER:** \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ Phone #: \_\_\_\_\_

if different from Lot Owner

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**FUNERAL HOME:** \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

ABOVE INFORMATION HAS BEEN VERIFIED BY: \_\_\_\_\_

Funeral Home Representative

**MARKER INFORMATION** Headstone to be ordered (circle one) City Marker Custom Marker Unsure/TBD

from: \_\_\_\_\_

Name, Address & Phone # of Monument Company

**NOTE: Copy of sales receipt must be provided to the City prior to installation and must be within four months from date of interment.**