



100 West End Street, Chester, South Carolina 29706
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**CITY OF CHESTER
EVERGREEN CEMETERY
BURIAL PERMIT**

DECEASED: _____

GENDER: _____ BIRTHPLACE: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER OF DECEASED: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

NAME OF NEXT OF KIN: _____

OWNER OF CEMETERY LOT: _____

LOT NUMBER: _____ DATE OF INTERMENT: _____

SIGNATURE – FUNERAL HOME DIRECTOR

(PLEASE ATTACH COPY OF BURIAL-REMOVAL-TRANSIT PERMIT)

DATE RECEIVED: _____ BURIAL PERMITS FEE: _____

MARKER FEE: _____ PROCESSED BY: _____