

**Georgia Department of Human Services
Division of Family and Children Services
Designation of Cemetery Lots**

Applicant/Recipient Information – To Be Completed by the DFCS Case Worker

Client Name: _____ Case Number: _____

Cemetery Lot Information – To Be Completed by the Applicant/Recipient

Cemetery Name _____ Number of Gravesites Owned _____

Address of Cemetery _____

Please complete the information below for each gravesite you own

Vacant/Occupied	Name of Person Buried or Planned To Be Buried	Relationship to Client	Amount Paid for Lot

Applicant/Recipient Signature

Date

Printed Name

**After completing this form, submit it and verification of the above information to your case worker.
Examples of verification include deeds to the lot or a letter from the cemetery.**