

Funeral Escort Request Form

When complete fax to 252-726-1920 or e-mail to cec@carteretcountync.gov
Feel free to call and confirm receipt of this form, 252-726-1911



Date Requested: _____ Time of Request: _____

Company Requesting Escort: _____

Person Requesting Escort: _____

Requestor's Phone Number: _____

Time of Funeral: _____

Tim of Escort: _____

Date of Escort: _____

Contact person on site/day of: _____

Phone Number: _____

Beginning Location Name and Address: _____

Ending Location Name and Address: _____

Route of Escort: _____

Approximate Number of Vehicles: _____

CEC USE ONLY:

Date Received: _____ Time Received: _____

Entered into Pre-Planned: Y or N _____

Supervisor/Assistant Signature: _____