



MUNICIPAL CEMETERY INTERMENT REQUEST

CITY OF BOULDER CITY
401 California Avenue
Boulder City, NV 89005

INSTRUCTIONS ON BACK

| NAME OF DECEASED | | DATE OF BIRTH | DATE OF DEATH | DATE OF BURIAL | ARRIVAL TIME AT CEMETERY |
|--|--|--|------------------|---------------------------------|--------------------------|
| 1 | | 2 | 3 | 4 | 5 |
| LENGTH OF SERVICE* | | | VETERAN | | BOULDER CITY RESIDENT |
| 6 30 min. 60 min. No Pavilion Service | | | 7 Yes No | | 8 Yes No |
| LOT AND BLOCK NUMBER | | INTERMENT TYPE | | NAME OF PERSON FILLING OUT FORM | |
| 9 | | 10 Full Burial Cremains | | 11 | |
| MAILING ADDRESS | | | E MAIL ADDRESS | | |
| 12 | | | 13 | | |
| TELEPHONE NUMBER | | RELATIONSHIP TO DECEASED (If Other, indicate relationship in Box 18) | | | |
| 14 | | 15 Daughter Son Niece Widow Other Granddaughter Grandson Nephew Widower | | | |
| MORTUARY NAME | | MORTUARY CONTACT | | MORTUARY TELEPHONE | |
| 16 | | 17 | | 18 | |
| SPECIAL REQUESTS | | | | | |
| 19 | | | | | |

Please Review all information before signing to ensure accuracy.

Signature: _____
Next of Kin or Agent

Print Name: _____

Date: _____

*** Services held at the Cemetery Pavilion only accommodate 10 chairs, NO GRAVESIDE SERVICES.**

DISTRIBUTION: File (original), Public Works Shops (copy), Mortuary, if applicable (copy) CREATED: 5/15/2013 MODIFIED: 6/4/2013

“Preserving Our Past, Managing Our Future”

INSTRUCTIONS (WRITE OR TYPE)

1. **Name of Deceased:** The full name (Last, First and Middle Initial) of the deceased.
2. **Date of Birth:** The date of birth (mm/dd/yyyy) of the deceased.
3. **Date of Death:** The date of death (mm/dd/yyyy) of the deceased.
4. **Date of Burial:** The requested day for the burial (mm/dd/yyyy) of the deceased.
5. **Arrival Time at Cemetery:** The time you expect to arrive at Boulder City Cemetery for interment proceedings.
6. **Length of Service:** There is the option to choose a 30 or 60 minute Pavilion service once the casket or cremains arrive at the cemetery. After this time, the remains are removed by City staff to be placed in the burial lot. A maximum of 10 chairs may be set up for attendees at the Pavilion upon prior request. If no Pavilion service is requested, the remains will be taken directly to the burial site. There are no graveside services available in the Boulder City Cemetery. Those wishing to visit the grave site must wait until Boulder City staff have completed the burial.
7. **Veteran:** Is the deceased a veteran of the military forces of the United States? Check yes or no.
8. **Boulder City Resident:** Indicate whether the deceased is a resident of Boulder City. Check yes or no. Proof of residency must be provided. Acceptable proof of residency includes:
 1. A driver's license with a Boulder City address

OR

 2. The most recent property tax bill available
9. **Lot and Block Number:** The lot and block number reserved for the deceased. If not yet purchased leave blank until a full payment has been made
10. **Interment Type:** Will the deceased have a full burial or will cremains (cremated remains) be buried? Check one box.
11. **Name of Person Filling Out Form:** The name of the person who is completing the interment request form.
12. **Mailing Address:** The mailing address (street, city, state, zip code) to which all correspondence concerning burial information can be sent.
13. **E-mail Address:** The e-mail address to which correspondence concerning burial information can be sent.
14. **Telephone Number:** The phone number at which you can be reached regarding any burial arrangements in (xxx) xxx-xxxx format.
15. **Relationship to Deceased:** Check the box that describes your relationship to the deceased. If none of the categories apply, check "other" and describe your relationship to the deceased in Box 18, the Special Requests section.
16. **Mortuary Name:** The name of the mortuary (funeral home) that will be providing services and/or death certificate for the body of the deceased.
17. **Mortuary Contact:** The name of the person at the mortuary that can be contacted in regard to the burial of the deceased.
18. **Mortuary Telephone:** The phone number of the mortuary contact in (xxx) xxx-xxxx format.
19. **Special Request:** Use this box to explain relationship if "other," was selected for Box 14, or use it to provide any necessary special request for cemetery arrangements. NOTE: staff performing the interment may or may not be able to honor special requests.