



# MUNICIPAL CEMETERY INTERMENT REQUEST

CITY OF BOULDER CITY  
401 California Avenue  
Boulder City, NV 89005  
702-293-9200

## DECEASED INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Veteran: Yes No  
Arrival time at the Cemetery: \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_ Date of Burial: \_\_\_\_\_

Interment Type: Casket \_\_\_\_\_ Use of Pavilion: NO GRAVE SIDE SERVICES\* 30 min. 60 min. No Pavilion  
Cremains \_\_\_\_\_

Boulder City Resident Yes No  
\*Services held at the Cemetery Pavilion only. (Accommodates 10 chairs)  
Boulder City Address at time of death: \_\_\_\_\_

## NEXT-OF-KIN CONTACT INFORMATION

Full Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_

Special Request: \_\_\_\_\_ Endowment Cemetery Perpetual Fund \_\_\_\_\_

## FUNERAL HOME CONTACT INFORMATION

Mortuary Name: \_\_\_\_\_

Mortuary Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Please review all information before signing to ensure accuracy**

Next of Kin or Agent	OFFICE USE ONLY
Signature: _____	Name: _____
Print Name: _____	Vehicle: _____
Date: _____	Hours: _____