



# 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
<b>NO GRAVESIDE SERVICES</b>						
BLOCK AND LOT 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 19)			
14			15	Daughter	Son	Niece
				Granddaughter	Grandson	Nephew
					Widow	Other
					Widower	
MORTUARY NAME		MORTUARY CONTACT		MORTUARY TELEPHONE		
16		17		18		
SPECIAL REQUESTS				ENDOWMENT CEMETERY PERPETUAL FUND		
19				20		

Please Review all information before signing to ensure accuracy.

### Office Use Only

Signature: \_\_\_\_\_  
Next of Kin or Agent

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Vehicle: \_\_\_\_\_

Hours: \_\_\_\_\_

\* 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

## 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. **Block and Lot Number:** The block and lot 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 19, the Special Requests section.
16. **Mortuary Name:** The name of the mortuary (funeral home) that will be providing services and/or death certificate/Burial Permit 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 15, 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.
20. **Endowment Care Fund:** Use this box to indicate endowment to the Cemetery Perpetual Fund. Donations received will be deposited into the Cemetery Perpetual Fund and used to care for existing landscape and other maintenance needs.

\*Current Boulder City Cemetery information can be accessed by visiting [www.bcnv.org/277](http://www.bcnv.org/277)