



CEDAREGE CEMETERY

205 SE Independence Ave.

Cedaredge, CO 81413

Office – 970-856-2373

FAX – 970-856-4731

BURIAL REQUEST FORM

FUNERAL HOME: _____

REPRESENTATIVE: _____ PHONE: _____

NAME OF DECEASED: _____

MALE / FEMALE VETERAN: YES / NO BRANCH: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

NEXT OF KIN OR INFORMANT: _____

RELATATIONSHIP: _____ PHONE: _____

ADDRESS: _____

SECTION: _____ LOT: _____ SITE: _____ VAULT TYPE: _____

DATE AND TIME OF BURIAL: _____

BURIAL: FULL / CREMATION GRAVESIDE SERVICE: YES / NO

FUNERAL DETAILS: _____

METHOD OF PAYMENT: _____

We will expect payment from the funeral home prior to the burial.

We will not contact Next of Kin in an effort to collect payment unless it is specifically noted that we are to do so on this form.