

River View Cemetery

BURIAL ARRANGEMENT FORM

*****This form must be completed by a family member of the deceased. Cemetery staff must receive this form at least 72 hours prior to any type of burial service.*

Name of Deceased: _____

Responsible Party for Burial Arrangements (name one person only): _____

Requested Burial Date: _____

Type of Burial Service:

____ Casket: in ground burial mausoleum crypt

Type of Casket: _____

Size of Casket: _____

Vault Company (if applicable): _____

*****River View Cemetery does not require vaults to be used for burials and is not responsible for the placement of vaults. A professional vault company must be employed by the plot owner/family. Homemade wooden vaults are not allowed per Cemetery Rules and Regulations.*

____ Cremains: in ground burial mausoleum niche

Type of Urn: _____

Size of Urn: _____

Number of Future Urns: _____

Special Requests:

Funeral Home:

Name: _____

Contact: _____

Phone: _____

***THIS DOCUMENT MUST BE SIGNED AND RETURNED TO THE MINTURN CEMETERY DISTRICT. office@minturncemetery.org or FAX: 970-827-5244