

Minturn River View Cemetery

PLAQUE ORDER FORM

*****This form must be completed by a family member of the deceased.*

Name of Deceased: _____

Niche/Crypt Space ID#: _____

Responsible Party for Ordering the Plaque (name one person only): _____

Please select one of the following:

____ Single Niche: ____ Double Niche: ____ Memorial Wall

____ Single Crypt ____ Tandem Crypt

Name(s) to appear on plaque:

Deceased Date of Birth: _____

Deceased Date of Death: _____

_____ Date: _____
Signature of responsible party

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