



MUNICIPAL CEMETERY INTERMENT REQUEST

CITY OF BOULDER CITY
401 California Avenue
Boulder City, NV 89005
702-293-9200
Email: Susan Barros
sbarros@bcnv.org
702-202-2799

DECEASED INFORMATION

Full Name: _____

Date of Birth: _____ Date of Death: _____ Veteran: Yes No

Block _____ Lot _____ Date of Burial: _____ Arrival time at the Cemetery: _____

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

***Services held at the Cemetery Pavilion only. (Accommodates 10 chairs)**

Boulder City Residence: Yes NO

Boulder City Address at time of death: _____

Notes: _____

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

Signature: _____
Print Name: _____
Date: _____

Next of Kin or Agent

OFFICE USE ONLY
Name: _____
Vehicle: _____
Hours: _____