



Cemetery Burial Request

Town Clerk's Office
townclerk@erieco.gov
303-926-2730

Name of Deceased: Last: _____ First: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Date of Death: _____ Age: _____ Veteran? (Yes or no) _____ Service Branch: _____

Place of Birth: _____

Name of Owner of Plot(s): _____

Name of Person Responsible for Deceased Internment: _____

Relation to Deceased: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Info Phone: _____ Email Address: _____

Name of Mortuary: _____ Name of Agent: _____

Phone : _____

Requested Funeral Schedule: Date: _____ Time: _____

Legal Description of Plot(s): Block: _____ Lot: _____ Plot: _____

Select one: _____ Full-size Burial _____ Cremation Burial

Vault Type: _____ Size: _____

RELEASE – AUTHORIZATION OF PLOT(S)

The undersigned authorizes and directs the Town of Erie and/or its agents to open and close the above mentioned burial plot(s) and to perform the interment and agrees to indemnify and hold harmless the Town of Erie, its officers, employees, agents, or servants, and to pay any and all judgments rendered against said persons on account of any suit, action, or claim caused by, arising from, or on account of acts or omissions of the undersigned related to this interment, and to pay to said persons their reasonable expenses, including but not limited to, reasonable attorney's fees and reasonable expert witness fees, incurred in defending any such suit, action, or claim. The undersigned further assumes and agrees to pay any outstanding balance for burial fees, which are due and owing 48 hours prior to interment.

_ Signature of Party Responsible for Interment Relationship to Deceased: _____

Date: _____

RETURN COMPLETED FORM TO: via email: townclerk@erieco.gov or in person: Erie Town Clerk's Office
645 Holbrook, Erie, CO 80516