CITY OF EVANS CEMETERY - OPENING/CLOSING REQUEST

Please complete and submit this form to: kfrawley@evanscolorado.gov

Date and time this request was received: _____

Staff & phone number of funeral home contact: _____

Full name of deceased: _____ Type of burial: _____

Does the family already own a space? ☐ Yes, space location: ☐

☐ No. Can the City select the space? ☐

Did the deceased serve in the military?

If so, please explain:

Requested Time & Date of Burial: _____

(Opening a spaces requires two full business days from when the space is purchased.)

Name and address of the closest living family member and any other instructions for the service:

[SECTION BELOW FOR CITY STAFF]

Location of Space:

SECTION	_____	Ex: Revised Replat 3/Old Blck 2
ROW/BLOCK	_____	Ex: A_Z / Block 157
LOT	_____	Ex: 1-99
SPACE	_____	A or B

Location Date	_____	Located By	_____
Opening Date	_____	Excavated By	_____
Closing Date	_____	Completed By	_____