

EAGLE CEMETERY DISTRICT

PO BOX 514

EAGLE, CO 81631

SUNSET VIEW CEMETERY

Interment Arrangement Form

****This form must be completed by the Owner or legal heir of plot or niche being used for interment. Cemetery staff must receive this form at least 72 hours prior to any interment****

Legal Description of Plot or Niche: _____

Type of Burial Service:

Casket_____ Cremains_____ In Ground_____ In Columbarium_____

Requested Interment Date: _____

Funeral Home Contact: _____

Name of Deceased: _____

Birth date: _____ Death date: _____

Is this person a Veteran? _____

Comments: _____

Individual Completing this form:

Name: _____

Owner/Relation? _____

Physical Address: _____

Mailing Address: _____

Phone number: _____

Signature: _____ Date: _____

****This document must be signed and returned to the Eagle Cemetery District ****

TO: Above address or info@eaglecemeterydistrict.org

Questions: 970-376-5833
