



Burial Form

Revised 4/19

INSTRUCTIONS:

City Administration Center

317 South Washington Ave.

Wellington, Kansas 67152

Phone 620-326-2811 Fax 620-326-8506

Please complete this form in its entirety.

Return or fax (620-326-8506) to the City Administration office **at least 8 business hours prior to the funeral service.** Call (620-326-2811) to confirm receipt of this information.

LOTS MUST BE PAID IN FULL BEFORE WE WILL AUTHORIZE BURIAL.

FULL NAME OF DECEASED: _____

RESIDENCE AT TIME OF DEATH: CITY: _____ STATE: _____

AGE: _____ SEX: _____ DATE OF DEATH: ____/____/____

CAUSE OF DEATH: _____

PLACE OF DEATH: CITY: _____ STATE: _____

SERVICES:

Day: _____ Date: ____/____/____ Time: _____ AM PM

Type of Service: Church: ____ Chapel: ____ Graveside: ____ Direct Burial: ____

Estimated arrival time in Cemetery: _____ AM PM

BLOCK: _____ LOT: _____ OR COLUMBARIUM: _____ NICHE: _____

LOT OWNER: _____

RELATIONSHIP TO DECEASED: _____

CHECK APPLICABLE:

____ Size A, equal to or smaller than 24"W or 54"L urn/casket/vault

Specify dimensions of urn/casket/vault: _____ L x _____ W x _____ H

____ Size B, Larger than 24"W or 54"L urn/casket/vault

____ Oversized Vault (Specify dimensions of opening: _____ L x _____ W)

____ Inground Mausoleum (Specify dimensions of opening: _____ L x _____ W x _____ D)

VETERAN: ____ MILITARY BRANCH: _____ WHAT WAR? _____

CONTACT PERSON: _____ PHONE: _____

FUNERAL HOME: _____

For office use only

Date: _____ Notes: _____

Cemetery Employee Notified: _____ Verified info in Clerk's office by: _____

Burial Fee _____ Paid? _____ Permit No. _____ Logged _____ Card File _____ Computer _____