



# BURIAL FORM

REVISED FEBRUARY 2015

**CITY ADMINISTRATION CENTER**  
317 South Washington  
Wellington, Kansas 67152  
Phone 620-326-2811 • Fax 620-326-8506

**INSTRUCTIONS:**  
**\*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 CAN AUTHORIZE BURIAL**

NAME OF DECEASED: \_\_\_\_\_

RESIDENCE AT TIME OF DEATH:

\*Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

AGE: \_\_\_\_ SEX: \_\_\_\_ DATE OF DEATH: \_\_\_\_\_ PLACE OF DEATH: \_\_\_\_\_

OWNER OF LOT: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

SERVICES: Day: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM PM

TYPE OF SERVICE: Church \_\_\_\_ Chapel \_\_\_\_ Graveside \_\_\_\_

LOT \_\_\_\_\_ BLOCK \_\_\_\_\_

CHECK APPLICABLE:

\_\_\_\_ Cremation Specify size of urn or vessel: L \_\_\_\_ x W \_\_\_\_ x H \_\_\_\_

\_\_\_\_ Size A, Child, 24" x 47" or smaller

\_\_\_\_ Size B, Adult, 24" x 48" or larger

\_\_\_\_ Oversize Vault

VETERAN: \_\_\_\_ YES \_\_\_\_ NO MILITARY BRANCH \_\_\_\_\_ WHAT WAR? \_\_\_\_\_

FUNERAL HOME: \_\_\_\_\_ PHONE \_\_\_\_\_

Signature of Funeral Director: \_\_\_\_\_

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 \_\_\_\_\_