



Prairielaun Cemetery Burial Form

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 BIRTH: ____/____/____ DATE OF DEATH: ____/____/____

CAUSE OF DEATH: _____

PLACE OF DEATH: CITY: _____ STATE: _____

SERVICES:

Day: _____ Date: ____/____/____ Time: ____:____

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

Estimated arrival time in Cemetery: ____:____

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

LOT OWNER: _____

RELATIONSHIP TO DECEASED: _____

CHECK APPLICABLE:

____ Size A, urn/outer burial container equal to or smaller than 24"W or 54" L (typically cremation)
Specify dimensions of urn/outer burial container: _____ L x _____ W x _____ H

____ Size B, urn/outer burial container larger than 24"W or 54"L (typically casket)
____ Oversized Vault (Specify dimensions of opening: _____ L x _____ W)
____ Inground Mausoleum (Specify dimensions of opening: _____ L x _____ W x _____ D)

VETERAN: **YES NO** 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 _____ Computer _____ Upload _____