

## MEMORIAL ONLY APPLICATION / MT. OLIVET CEMETERY

RETURN TO: TOWN OF BUENA VISTA
PO BOX 2002
210 EAST MAIN ST
BUENA VISTA, CO 81211
DEPUTYCLERK@BUENAVISTACO.GOV

Please fill out in full and return to the Town Clerk's office at least 48 hours prior to placement and/or service. This form is for memorials only. If interment of a casket or cremains is needed, please complete the Burial Application.

The Clerk shall issue no placement order until written application containing the following information is furnished.

Decedent to be memorialized		
Name:		
Maiden Name, if applicable:	-	Gender:
Date of Birth: Date of Death:		
Place of Death:		
Decedent's Residential Address at time of death:		<u> </u>
Site where memorial is to be located		
Block Number: Lot Number:	Site Lette	er:
Please complete the follow section if a graveside memorial sen	ice is to take pla	ace:
Service Information		
Date: Hour of service:		
Other important information regarding service		
Information submitted by:	Relationshi	ip to deceased:
Mailing Address:	ng Address: Phone #:	
If decedent is the owner of this and/or other cemetery sites, a transferred to someone else, please fill or	•	•
EVIDENCE OF OWNERSHIP		
If neither the decedent to be memorialized nor the person making ords of the Town to be the owner of the site requested for the furnish competent evidence sufficient to demonstrate either that the has authorized the requested memorial, or that the decede successor-in-interest of the record owner of the site. In the even Clerk may, as a condition to issuance of the memorial of harmless against any subsequent claims brought against the Town	memorial, the ( he owner of the nt or the appli t that the record order, require the	Clerk shall require the applicant to site as shown on the Town records cant (or his/her principal) is the owner of the site is deceased, the ne applicant to hold the Town

\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_