



CITY OF EVANS CEMETERY - OPENING/CLOSING REQUEST

Please complete and submit this form to: cityclerk@evanscolorado.gov

Date and time this request was received: _____

Staff & phone number of funeral home contact: _____

Full name of deceased: _____ Type of burial: _____

Does the family already own a space? Yes, space location: _____
No. Can the City select the space?

Did the deceased serve in the military?

If so, please explain:

Requested Time & Date of Burial: _____
(Opening a spaces requires two full business days from when the space is purchased.)

Name and address of the closest living family member and any other instructions for the service:

[SECTION BELOW FOR CITY STAFF]

| | | |
|--------------------|-------|---------------------------------|
| Location of Space: | | |
| SECTION | _____ | Ex: Revised Replat 3/Old Blck 2 |
| ROW/BLOCK | _____ | Ex: A_Z / Block 157 |
| LOT | _____ | Ex: 1-99 |
| SPACE | _____ | A or B |

| | | | |
|---------------|-------|--------------|-------|
| Location Date | _____ | Located By | _____ |
| Opening Date | _____ | Excavated By | _____ |
| Closing Date | _____ | Completed By | _____ |