



REQUEST FOR GRAVE OPENING AND CLOSING

DATE OF BURIAL REQUEST: _____

FUNERAL HOME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER OF REQUESTING PARTIES

WORK/HOME: _____ CELL: _____ FAX: _____

NAME OF DECEASED: _____

DATE OF DEATH: _____

LOT OWNER: _____

SECTION: _____

LOT #: _____ SPACE: _____ NUMBER OF PLOTS OWNED: _____

DATE OF BURIAL: _____
DATE DAY OF WEEK Approximate Arrival Time @ Cemetery

TRADITIONAL BURIAL: YES _____ NO _____

OVERSIZED GRAVE: YES _____ NO _____ IF YES WHAT DIMENSIONS: _____

CREMATION: YES _____ NO _____ EXACT DIMENSIONS OF URN: _____

Head Stone: Yes _____ No _____

SIGNATURE OF REQUESTING PARTY/ FUNERAL HOME PERSONAL

- Request must be turned into city hall, at a minimum, of 48 hours (or 2 days) prior to burial date.

CITY OF CLARION CONTACT INFORMATION:

PHONE: 515-532-2847 M-F 7:00 - 4:00

FAX: 515-532-2171

EMAIL: clarion@clarioniowa.gov

RATES FOR EVERGREEN CEMETERY

___ GRAVE OPENING / CLOSING: TRADITIONAL - SIX YEARS - ADULT WEEKDAYS \$450.00 (M-F, 8am-3pm)

___ GRAVE OPNINGS / CLOSING: TRADITIONAL - CHILD UP TO FIVE YEARS OLD \$250 (M-F, 8am-3pm)

___ CREMATION OPENING / CLOSING: URN - **GREATER THAN 12"** DIAMATER \$350 (M-F, 8am-3pm)

___ CREMATION OPENING / CLOSING: URN - LESS THAN 12" INCH DIAMATER \$200 (M-F, 8am-3pm)

___ WEEKDAY BURIALS: AFTER **3:00 pm** EXTRA- \$100.00

___ WEEKEND SATURDAY'S EXTRA- \$120 (NO HOLIDAY OR SUNDAY BURIALS)

___ WINTER TIME BURIAL OPENINGS: **November 1 through March 31:** \$250 EXTRA

___ DISINTERMINTS: \$1000

___ SINGLE GRAVE SPACE: 4' X 8'- \$450

___ MONUMENT PLACED IN EVERGREEN CEMETARY SPACE: PERMIT REQUIRED

___ EASMENT (DEED) CHANGE: \$25.00

Total Amount Due: _____

City of Clarion requires prompt payment for services

N

	A	
	B	
	C	
	D	
	E	

S

INHOUSE USE:

Amount Received: _____ **Date:** _____ **Check #:** _____

Approved By: _____

Checks payable to: **City of Clarion**
PO Box 266
Clarion, IA 50525