



PARKS, RECREATION, AND OPEN SPACE

Cemetery Funeral Permit

Name of Deceased: Last: _____ First: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Veteran? ☐ Service Date of Date of
(Yes or No) Branch: _____ Birth: _____ Death: _____ Age: _____

Place of Birth: _____

Name of Owner of Plot(s): _____

Name of Party Responsible for Deceased Interment: _____

Relation to Deceased: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Name of Mortuary: _____ Name of Agent: _____

LEGAL DESCRIPTION OF PLOT(S): Block: Lot : Plot:

Date Requested for Funeral: Month: Day: Year:

Time Requested for Funeral: AM PM

Vault Type: _____ Size of Urn (if applicable): _____

Full-Size Burial? ☐ Cremation Burial? ☐

RELEASE – AUTHORIZATION OF PLOT(S):

The undersigned authorizes and directs the City of Louisville Parks and Recreation Department to open and close the above mentioned burial plot(s) and to perform the interment and agrees to indemnify and hold harmless the City of Louisville, its officers, employees, agents, or servants, and to pay any and all judgments rendered against said persons on account of any suit, action, or claim caused by, arising from, or on account of acts or omissions of the undersigned related to this interment, and to pay to said persons their reasonable expenses, including but not limited to, reasonable attorneys' fees and reasonable expert witness fees, incurred in defending any such suit, action, or claim. The undersigned further assumes and agrees to pay any outstanding balance for burial fees, which are due and owing 48 hours prior to interment.

Total Due: \$ Date: _____

Signature of Party Responsible for Interment

Relation to Deceased

RETURN COMPLETED FORM TO Parks, Recreation & Open Space, 717 Main Street, Louisville, Colorado 80027, 303-335-4735 Phone, 303-335-4738 FAX or email to parksandrec@louisvilleco.gov