

Funeral Director Must Give Complete
Information Concerning the Deceased
Person. Please Print Legibly!

CITY Of MINOT
A Municipal Corporation
BURIAL REQUEST AND REPORT

This Is A Nonperpetual Cemetery

To Superintendent: Please Prepare For Traditional Cremation Interment of:

Name _____ Last _____ First _____ Middle _____ Address _____

Sex _____ Age _____ Marital Status _____

Next of Kin _____

Address _____

Service Time _____ Date _____

Burial Time _____

Phone #/Email _____

Remarks _____

Date _____

Funeral Director / Responsible Party

I hereby certify that death certificate has been filed with me on _____

Sub-Registrar

To City Auditor: The above request has been complied with and burial made on _____ in _____

Sect. _____ Blk. _____ Lot _____ or _____ St. Leo's } Cemetery

Interment Charges of \$ _____ Surcharge of \$ _____ Entered on ticket No. _____ Date _____

Owner of Lot and
Burial Consent Form _____

Remarks _____

Date _____ Entered on Burial Register By _____ Signed _____ Superintendent _____ Date _____

Funeral Director must file duplicate copy w/ City Auditor when request is made.