

Fax this request to: 308-345-1461 or email to sprovince@cityofmccook.com at least 3 days prior to Burial Date



CITY OF McCOOK
Memorial Park Cemetery • Riverview Cemetery

SPACE OPENING/CLOSING REQUEST FORM

Date _____

Name of Deceased

Last _____ First _____ MI _____

Date of Birth _____

Date of Death _____

Service Information

Date of Service _____

Time of Service _____

Location of Service _____

Burial Information

Date of Burial _____

Time of Burial _____

Location: Block _____ Row _____ Lot _____ Space _____

Type of Burial: Traditional/Vault Traditional/Box
 Cremation/Urn Vault Cremation/No Vault
 Other _____

Funeral Home _____

Ordered by _____ Phone # _____

City of McCook Office Use Only

Fees

Opening _____ Lot Purchase _____ Total _____

Cemetery Sexton/Staff Contacted _____

Other Information _____

