

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 \_\_\_\_\_

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