



Crested Butte Cemetery Interment Permit Application

Please complete the following permit application and submit it to the Town Clerk's office at Town Hall at 507 Maroon Ave., Crested Butte, CO or mail to PO Box 39, Crested Butte, CO 81224. For questions or more information, please contact the Clerk's Office at 970-349-5338.

The Town of Crested Butte is responsible for all excavation work in the Crested Butte Cemetery. Families have the option of filling the hole for cremains only. No interment will be scheduled until all necessary fees have been paid and this permit has been approved. The fees for the excavation work are as follows:

Casket Burial	
<input type="checkbox"/> Weekdays	\$400.00
<input type="checkbox"/> Winter Weekdays	\$600.00
<input type="checkbox"/> Weekends, Holidays, Emergencies	\$550.00
<input type="checkbox"/> Winter Weekends, Holidays, Emergencies	\$750.00
Cremain Burial	
<input type="checkbox"/> Weekdays	\$200.00
<input type="checkbox"/> Winter Weekdays	\$400.00
<input type="checkbox"/> Weekends, Holidays, Emergencies	\$350.00
<input type="checkbox"/> Winter Weekends, Holidays, Emergencies	\$450.00

Name of the Deceased to be Interred: _____

Type of Interment:

- Cremains: Please attach death certificate of the deceased individual
- Casket: The Town must be provided with a burial transport permit or an "authority for final disposition" indicating the block and lot number. Please attach the necessary form to this application

Date of Requested Interment: _____ Time: _____

Crested Butte Cemetery Block #: _____ Lot #: _____

Owner (s) of Cemetery Lot _____

(If neither the deceased to be interred nor the person completing this application for interment is shown on the Deed on record with the Town, then written permission by the owner of the cemetery lot authorizing the interment of the deceased is required to be attached to this application.)

Funeral Home (required for casket interments):

Company Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Will there be a headstone/maker installed at the time of interment: Yes No

If so, who will be providing the headstone/maker : _____

Additional Comments: _____

Your name: _____

Relationship to Deceased: _____

Address: _____

Phone Number: _____

Signature

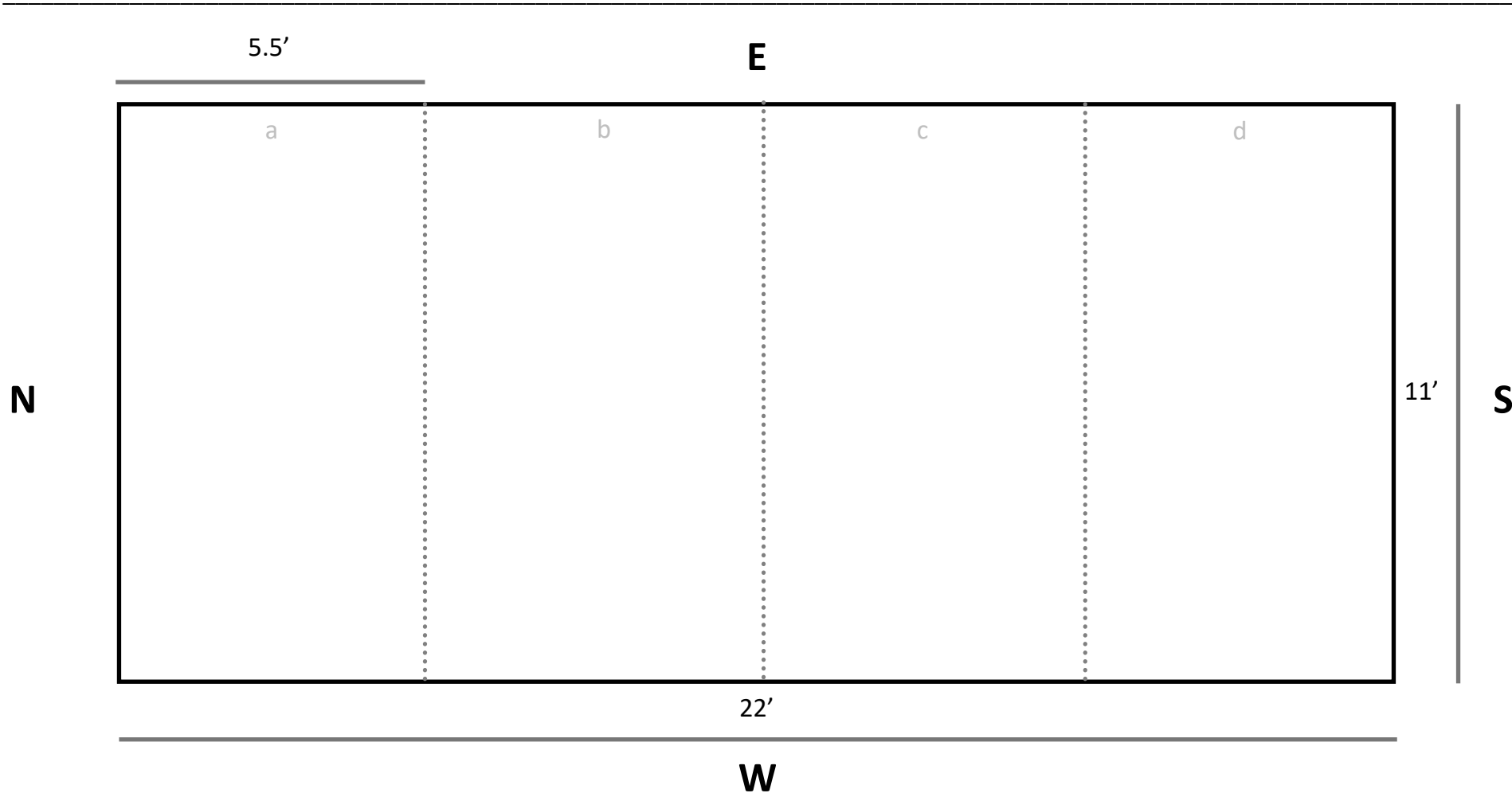
Date

CRESTED BUTTE CEMETERY LOT DIAGRAM

Please use the empty space below to draw any landscaping you wish to do on your lot. Include the materials you are going to use and the headstone/memorial placement. If you are interring a loved one, please include where the casket or urn will be.

BLOCK #: _____ LOT #: _____ OWNERS/DEED HOLDERS: _____

PERSON(S) BURRIED: _____



FOR OFFICIAL USE ONLY:

Date application received: _____

Fees paid: _____

Date paid: _____

Date Application Approved: _____

Approved By: _____

Notes: _____
