



Thank you for choosing the Dillon Cemetery as the final resting place for your loved one.

Please read and complete the Application for Interment on the backside of this page and submit it to the Dillon Town Clerk's office at 275 Lake Dillon Drive or mail to PO Box 8, Dillon, CO 80435, fax to (970) 262-3410 or email to jtyson@townofdillon.com

- An application for interment must be submitted to the Cemetery Superintendent at least seventy-two (72) hours before the burial time proposed by the applicant.
- All excavations in preparation for a burial shall be conducted exclusively by the Town after payment of the required excavation fee and the interment permit has been approved by the Cemetery Superintendent. Trees, shrubs, and other vegetation may be cut back or removed for interment/disinterment.
- All interments/disinterments, including excavation, shall be performed between 8:00 a.m. – 3:00 p.m. Any services, including the opening and closing of a gravesite which extends beyond normal hours of operation of 8:00 a.m. – 3:00 p.m. Monday - Friday, will require the Saturday fee due to overtime hours incurred.
- No interment or interment service will be allowed on Sundays or on any National Holiday, except as directed by the Cemetery Superintendent.
- A refundable deposit of \$500.00 for a grave marker is required prior to the time of burial unless a copy of a paid receipt from a monument company is provided. If a permanent grave marker is placed on the burial plot within twelve (12) months from interment, said deposit shall be refunded, without interest. If a permanent grave marker is not placed on the gravesite within twelve (12) months from interment, the deposit will be used by the Town of Dillon to purchase and place a grave marker on the burial plot. The Town does not assume any responsibility for temporary or permanent grave markers located within the Cemetery.
- The Town of Dillon is not responsible for conducting a memorial service for the deceased.
- Town staff will not be present during a memorial service. Once family members and memorial service attendees have departed, staff shall return at a designated time to fill in the grave. No family members or memorial service attendees may be present when this service is being conducted.

Thank you for your consideration. For questions or more information, please contact the Town Clerk's Office at (970) 262-3406.



DILLON

COLORADO

RESERVATION FOR INTERMENT

Name of Deceased to be Interred: _____

Date of Birth: _____ Date of Death: _____

Date of Requested Interment: _____ Time: _____

Dillon Cemetery Location: Lot _____ Space _____ Section _____

Owner of Cemetery Plot: _____

Contact information: Phone: _____

Address: _____

Who will be Officiating the Interment? _____

Contact information: Phone: _____

Address: _____

Approximate Length of Service: _____

Approximate Number of People Attending the Interment: _____

Was Deceased a Military Veteran? (Optional) _____

(If yes, Military Veterans Flag will be flown day of service at Dillon Cemetery)

Military organization and location (Full unit designations, such as army, division, regiment, battalion, company):

Type of Interment: Casket: Will a Vault be Included? Yes: _____ No: _____
If yes, please provide vault dimensions: _____

Who will be transporting and assisting with the installation and lowering of the casket?
(The Town does not provide this service)

Name: _____

Phone: _____

- The Town must be provided with a burial transport permit or an "Authority for Final Disposition" issued by the Colorado Department of Public Health and Environment
- Please provide a death certificate of the deceased individual.

Cremains: Will a Vault be Included? Yes: _____ No: _____
If yes, please provide vault dimensions: _____

- Please provide a death certificate of the deceased individual.

I hereby certify that I am the _____ of the above Decedent, and hereby certify and represent that I have the right to make this Authorization and agree to hold the Cemetery, its agents, employees, and parent and successor companies harmless from any liability on account of said Authorization and Interment. By signing below, I hereby understand and accept all the terms in this Authorization.

Signature and Printed Name

Date