STUART MUNICIPAL CEMETERIES

NORTH OAK GROVE & SOUTH OAK GROVE

Grave Service Form

Phone: 515-523-1455 Fax: 515-644-2830
stuart5@coonvalleytelco.com

Name of Deceased: _____

Lot Owner (if different): _____ Second Interment in Same Grave Space: ☐ Yes ☐ No

Date of Burial: _____ *Expected Time of Burial:* _____

Funeral Home/Applicant: _____

Funeral Home/Applicant Fax: _____ **Funeral Home/Applicant Phone:** _____

Funeral Home/Applicant Email: _____

Full Burial Type: ☐ Full Burial ☐ Leave room for 2nd full burial ☐ Waive right to 2nd full burial

Cremation Burial Type: ☐ Cremation Burial ☐ Second Cremation Interment (This is selected when a second set of remains will be placed on one space.)
☐ Cremation Burial on top of existing full sized vault

Vault Type: ☐ Standard Vault ☐ Oversized Vault
If oversized, provide outside dimensions: _____

Vault Company Provider: _____ *Vault Company Telephone Number:* _____

Vault/Urn Vault Model: _____ *Dimensions of Urn Vault:* _____

☐ **I/We are burying the cremated remains without a funeral home.**
I/We understand that all requirements of the City of Stuart Cemetery Rules & Regulations must be followed, the same as all funeral homes. All urn vaults must be made of concrete and lined. Minimum requirement: Oxford or Monticello. **Plastic/Fiberglass will not be allowed.**

PLEASE NOTE: Stuart Municipal Cemeteries Rules & Regulations prohibit the use of non-sealed outer burial containers. All urns must be placed in a concrete urn vault with an interior liner. If the deceased is not the lot owner or the spouse of the lot owner, written authorization from the current lot owner must be provided. If the lot owner is deceased, authorization from all appropriate next of kin will be required in accordance with the State of Iowa order of next of kinship (for example: children, grandchildren, etc.). Please refer to the complete Cemetery Rules & Regulations for additional information. Upon receipt of this form, the City of Stuart will review the burial request. Once approved and returned to the applicant, the burial time may be scheduled.

→ CITY/CEMETERY ADMINISTRATION USE ONLY ←

Date Received: _____ ☐ **APPROVED** ☐ **DENIED** Reason: _____

_____ Signature of City of Stuart

FEES:

FLAGGING FEE *Check made payable to the City of Stuart*	**$65.00**
ADDITIONAL FEES (if applicable) *Check made payable to the City of Stuart*	$ _____
Explanation of Additional Fees: _____	$ _____
OPENING/CLOSING FEE *Check made payable to the City of Stuart*	$ _____
TOTAL CHARGES DUE TO THE CITY OF STUART	$ _____

***Please note payment in full is due on or before the day of service.