



COLUMBIA CEMETERY INTERMENT PERMIT APPLICATION FOR BURIAL

City of Boulder Parks and Recreation Department, 3198 Broadway, Boulder, CO 80304
Attn: Columbia Cemetery / Phone: (720) 822-1583
E-Mail: choatej@bouldercolorado.gov

**ALL INFORMATION MUST BE TYPED OR PRINTED LEGIBLY, APPLICATIONS
WITH ILLEGIBLE HANDWRITING WILL BE RETURNED TO APPLICANT.**

Applicant Name _____

(Next of Kin)

Address _____

Phone / Email _____

Is Applicant "Next of Kin"
to the Deceased?

YES NO

***If Applicant is NOT "Next of Kin" to the Deceased, please attach proof of authority on behalf of the Deceased and/or the Next of Kin to the Deceased stating that you have authority to facilitate this application for burial.

HAVE YOU ATTACHED PROOF OF AUTHORITY TO FACILITATE THIS APPLICATION FOR BURIAL OF THE DECEASED LISTED BELOW?

YES N/A

Name of Deceased: _____

Address and/or Place of Death: _____

Date of Birth: _____ **Date of Death:** _____

Age: _____ **Gender:** _____

Burial Location (Section/Lot/Grave Room - if known) _____

Evidence of Ownership for Burial Location

Written Deed (attach copy of deed)

Name on Deed: _____

Relationship of Deceased to Deed Holder: _____

Relationship of Applicant to Deed Holder: _____

Date of Deed: _____

Other (if no deed, explain and attach documentation of Sec/Lot/Grave Room ownership)

Internment Type: select the type of internment for the deceased below.

Earth Burial with Casket: Earth Burial without Casket: Burial following Cremation:

Will a vault be included for either the casket, urn or burial container?: YES NO

Date of Internment: _____ Time of Internment: _____

Will there be a graveside service for family and friends of the deceased? YES NO

Is the date/time of service different than that for the burial/internment? YES NO

If you responded YES to the above, provide date and time of service here:

Date of Service: _____ Time of Service: _____

Mortuary/Funeral Home

Opening/Closing Grave: _____

Address: _____

Telephone / Fax: _____

IF DIFFERENT THAN THE ABOVE:

Mortuary/Funeral Home Conducting Burial: _____

Address: _____

Telephone / Fax: _____

In consideration of permission to bury the above-named deceased in Columbia Cemetery, I warrant that said deceased has rightful claim to the grave location specified. I agree to assume full responsibility for opening and closing of the grave in accordance with specifications established by the City of Boulder and reimburse and save harmless the City for any and all expenses or liabilities arising with burial.

Applicant Signature: _____

Date: _____

In considering a burial application, the city manager applies the standards contained in the Boulder Revised Code 2023, Title 4, Licenses and Permits, Chapter 4-26, Cemetery Permits, and Title 8, Parks, Open Space, Streets, and Public Ways, Chapter 8-7, Cemeteries. These can be viewed online or at the Boulder Public Library, 1000 Canyon, or at the City of Boulder Central Records office.

Application approved by: _____
(As the City Manager's Delegate)

Application denied by: _____
(As the City Manager's Delegate)

Reason for denial: _____

Date: _____

Completed forms must be received by the city at least 48 hours before burial during the normal working week (Monday through Friday, holidays excepted).

For further information, please contact the Historic & Cultural Asset Manager at (720) 822-1583 or choatej@bouldercolorado.gov