

Town of Merino Colorado

Information for Burial, Permit

Date _____

Name of deceased _____

Last residence _____

Street and Number

City, County and State

Permit granted to _____

Residence _____

Relation to deceased _____

Burial to be made in Row _____, Block _____, Lot _____

Date of death _____

Date of burial _____

Time of funeral _____ o'clock _____ AM or PM

Cause of death _____

Place of death _____

Age: Born _____ Sex _____

Married _____ Single _____ Widow _____ Widower _____

Spouse/Partner (if applicable) _____

Undertaker _____

Veteran _____ War _____

Owner of lot/space _____

Total _____ \$ _____

Remarks _____

Please give any other information that may tend to perfect identification in future years.

Be careful to spell names correctly and have dates correct.
