



## 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. You may also email it to the Deputy Clerk at [kcheever@crestedbutte-co.gov](mailto:kcheever@crestedbutte-co.gov). For questions or more information, please contact the Clerk's Office at 970-349-5338 ext. 123

The Town of Crested Butte is responsible for all excavation work related to casket interments at the Crested Butte Cemetery. Excavation work for cremain interments may be conducted by family members or friends after an interment permit has been approved. The Town is available to excavate for cremain interments if preferred. 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:

<b>Casket Burial</b>	
<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
<b>Cremain Burial</b>	
<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

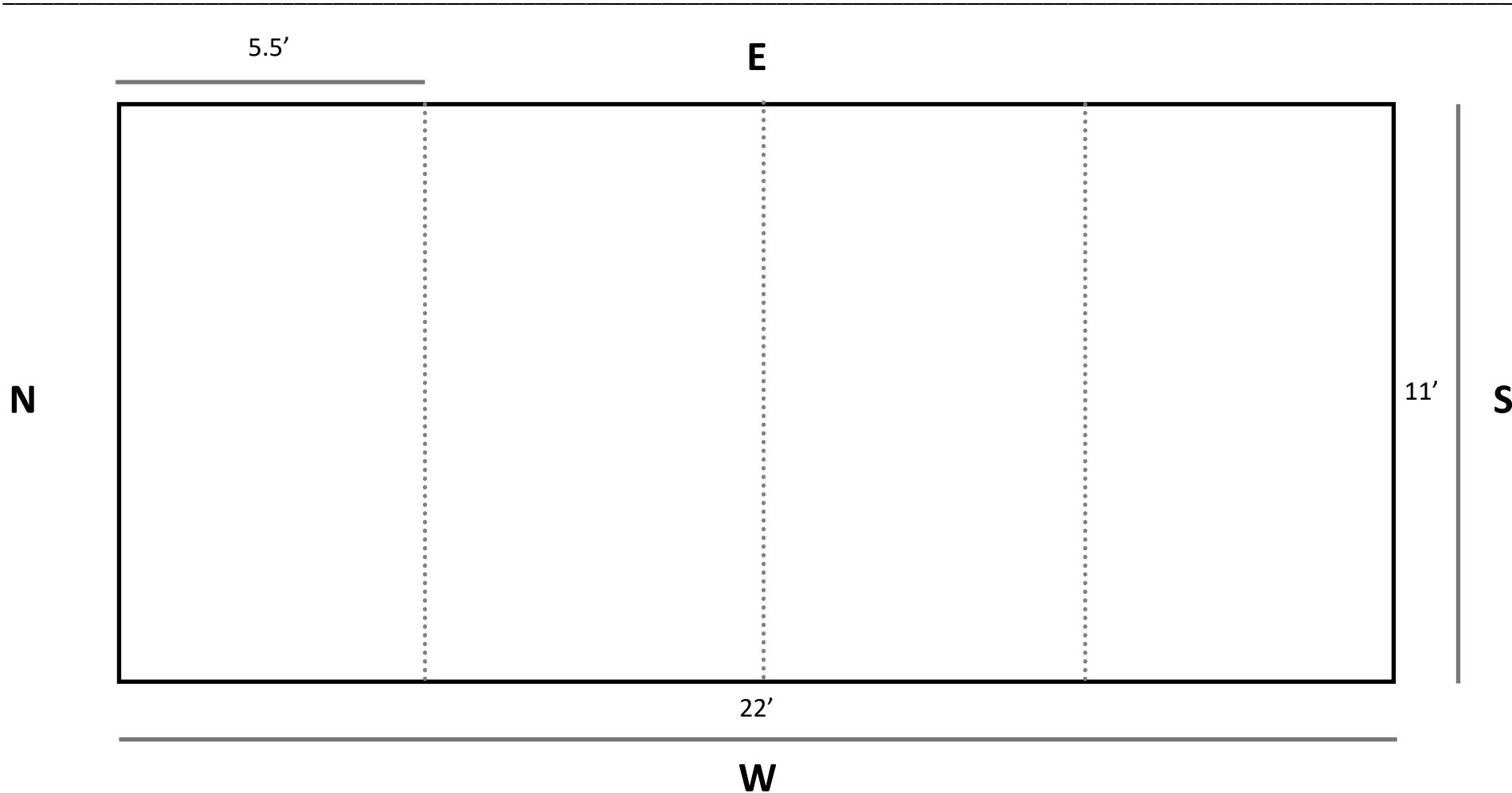
\_\_\_\_\_  
Date

**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: \_\_\_\_\_

\_\_\_\_\_

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