CITY OF ELKHART, IOWA
REQUEST FOR CEMETERY LOCATE

Date: _____

Name of Person filling out form: _____

Contact info of person filling out form: _____

Name of Person being buried: _____

Birth: ___/____/____ Date of Death: ____/____/____ VETERAN: Yes____ No ____ Event: _____

Name of Plot Owner: _____

Plot Number: _____

Location within Plot (which space, 1-2-3-4 with 1 being on South): _____

URN Location in SPACE: A, B, C, D _____

Person burying urns: _____ Phone # _____

Burial / Head Stone: _____ Casket/Urn: _____casket_____

Size of headstone base: _____

Date Needed By: _____

Funeral Home Name & Contact: _____ Phone # _____

Monument Company Name & Contact: _____ Phone # _____

Updated Information: _____

Locate form MUST be submitted to Elkhart City Hall 2 DAYS before OPENING / INSTALLATION. ELKHART CONTACT INFO: Phone: 515-367-4735 ext. 3; EMAIL mbutler@cityofelkhart.com

4 CREMAINS VAULTS ALLOWED IN 1 SPACE.

2 CREMAINS VAULTS ALLOWED WITH CASKET VAULT SPACE.

