



**CITY OF WASILLA**  
**WASILLA AURORA CEMETERY**  
**BURIAL AND COLUMBARIUM APPLICATION**  
**FOR INTERMENT**

Application For:       Interment       Disinterment       Niche

Burial Type       Casket       Double Interment       Cremains       Memorial Only

Funeral Home (*name, address, phone number*) \_\_\_\_\_

Authorized By (*family member, friend, funeral director*) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Deceased Name ( <i>first, middle, last</i> )		Sex	Modifier Mr.    Mrs.    Miss    Ms. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Marital Status Married   Single   Divorced   Widowed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Maiden Name		Age	Religion					
Address ( <i>street, city, state, zip</i> )		Country	Telephone Number(s)					
Death Date		Death Place						
Birth Date	Birth Place	Married Date						
Date of Burial ( <i>Mo/Day/Yr</i> )		City Memorial Marker Needed <input type="checkbox"/> Yes <input type="checkbox"/> No			Plot or Niche No.	Burial Permit Number		
Veteran		War Served			Branch of Service			
Date Entered	Date Discharged	Rank			Special Remarks/Awards			

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FOR CEMETERY USE

- Paid   
  Previously Reserved   
  Funeral Home to Pay   
  Death or Burial Permit   
  Public Works Notified  
 Computer Updated   
  Map Updated   
  Binder Updated

Notes: \_\_\_\_\_  
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