

**Request for Las Animas County to assist with the Excavation and/or Closer of a Grave**

Date of Request: \_\_\_\_\_

**Requesting Party Information:**

<b>Name:</b>	
<b>Relationship to Decedent: (Funeral Home, Coroner, Family Member etc...)</b>	
<b>Mailing Address:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

**Name of the Deceased:**

<b>Surname</b>	<b>First Name</b>	<b>Middle Name or Initial</b>

Date of Burial: \_\_\_\_\_

Date by Which Grave Must Be Dug: \_\_\_\_\_

**Check One for each section:**

Cremation      or       Full Burial

Excavation      or       Closure      or       Both

<b>Location of the plot:</b>	
------------------------------	--

**It is the responsibility of the Requesting Party to:**

- Obtain and provide all burial permit copies/cremation certificates/disposition records.
- Guarantee all legal requirements for this burial are being followed.
- Provide written proof from the cemetery owner that this burial in said cemetery is authorized.
- Arrange excavation and closure of grave plot with County 719 846 2931 or 719 859 1600.
- Ensure that plot information & location are correct and communicated to the County.

**PLEASE NOTE:**

The Requesting Party will be responsible for any burial regardless of the burial location. The County will not be held responsible for any plot that may be incorrectly marked, or for any costs associated with such incorrect markings or any other costs except the equipment and labor required for the excavation and/or closure. The County reserves the right to refuse any request.

**By signing this form you are accepting responsibility for all items listed and those required for a standard burial that are not listed. Email completed for to: [brandi.bowman@lasanimascounty.org](mailto:brandi.bowman@lasanimascounty.org)**

---

Signature of Requesting Party

---

Signature of County Representative

---

Date