

Fax this request to: 308-235-2971 or email to: ckoffice@kimballne.org at least 3 days prior to Burial Date

CITY OF KIMBALL CEMETERY

SPACE OPENING/CLOSING REQUEST FORM



Date _____

Name of Deceased

Last _____ First _____ MI _____

Date of Birth _____ Date of Death _____

Section _____ Lot _____ Space _____

Date of Burial _____ Time of Burial _____

Date of Service _____ Time of Service _____

Location of Service _____

Type of Burial:

Traditional/Vault : _____ Traditional/Box: _____ Cremation/Urn Vault: _____

Cremation/No Vault: _____ Other: _____

Funeral Home _____

Ordered by _____ Phone # _____

City of Kimball Office Use Only

Fees

Opening _____ Lot Purchase _____ Total _____

Cemetery Superintendent contacted _____

Other Information _____
