



Request for Private Burial

Today's Date: _____

Name of Deceased: _____

Date of Death: _____

County Where Death Occurred: _____

- ☐ Hospital/Nursing Home ☐ Residence-Hospice ☐ Non-Attended Death at Residence
☐ Burial Planning Other: _____

Has the Coroner been notified?

- ☐ Yes ☐ No - *If you have not notified the Coroner please do so by calling 970.874.5918*

Why are you choosing a private land burial?

- ☐ Cost ☐ Personal Preference ☐ Ecology/Environmental Impact ☐ Other: _____

Contact Information of Person Acting as Funeral Director:

*Name: _____

*Address: _____

*Phone: _____ Cell Phone: _____

*** This information must be completed before receiving a blank Death Worksheet.**

_____ Initial indicating that you received a blank Death Worksheet, information on how to fill out the Death Worksheet and understand that this is an official document that is to be completed and returned to the Delta County Clerk and Recorder's office within **5 days**.

_____ Initial indicating that you received a Private Burial Affidavit and Instruction Sheet and understand that this document will need to be completed and returned to the Delta County Clerk and Recorder's office for recording within **30 days**. The cost to record this document is **\$43.00**.

Signature of Person Acting as Funeral Director or Private Burial

Date

OFFICE USE ONLY

- ☐ Verify all information above has been completed.
☐ Signed and dated
☐ Copy of current valid Driver's License