

PRE-BURIAL REPORT INFORMATION

**Must be completed, signed, and faxed/emailed to City Hall.
Must call City Hall to confirm the date and time of Service to insure no conflict.**

PLEASE RETURN COMPLETED FORM TO THE FOLLOWING:

City of Jefferson, 220 N Chestnut St, Jefferson, Iowa 50129, 515-386-3111/fax 515-386-4671
Or the following emails (please include all three emails)

cjeff@cityofjeffersoniowa.org, joycer@cityofjeffersoniowa.org, parksdepartment@cityofjeffersoniowa.org

1. Funeral Director (or person in lieu of) _____

2. Name of Deceased _____

3. Sex of Deceased _____ Marital Status _____ Birth Date _____

4. Date/Time/Place of Death _____

5. Requested Date and Time of Service _____

6. Place of Service: City of Jefferson Cem. _____ St. Joseph Catholic Cem. _____

7. Type of Burial: Regular (Full) _____ Cremains: height _____ width _____ length _____

8. Was this report filed within _____ 48 hours (Nov 1 to April 30)
or _____ 36 hours (May 1 to Oct 31) of scheduled burial.

9. Name of Father, if known _____

10. Name of Mother, if known _____

11. Lot Owner _____

12. Location in Cemetery: Block _____ Lot _____ Space _____

13. Is Monument in Place on lot/space: Yes _____ No _____

If using a funeral home, funeral home is to verify all information is correct.

Contact Signature _____ Date _____

Contact Phone Number _____