

City of Eagle Grove

Interment Request

City Fax: (515) 448-3761 Phone: (515) 448-4343
email: cityhall@eaglegrove.gov

Requested by/date: _____

Tel.# _____

Funeral home/Bill to: _____

Fax # _____

EMAIL _____

Name of deceased: _____

Date of death: _____

Date of srv: _____ Time @ Cem: _____

Date of birth: _____

TYPE OF BURIAL:

FULL INTERMENT:

CREMATION INTERMENT:

need Urn size

Spring (**April – October**)
_____ Weekday: \$550.00

Spring (**April – October**)
_____ Weekday: \$300.00

_____ Weekend: \$800.00

_____ Weekend: \$600.00

Winter (**Nov. – March**)

Winter (**Nov. – March**)

_____ Weekday: \$600.00

_____ Weekday: \$550.00

_____ Weekend: \$950.00

_____ Weekend: \$800.00

HOLIDAY Interment \$1500.00 Full _____ Cremation _____

(please note if Holiday is on a weekend, the Friday before or the Monday after may be considered a Holiday also)

Block _____ Lot _____ space _____

Notes: _____

*****OFFICE USE*****

Dept. - ___ Cem ___ Street
other _____

date site needs to be open by _____

O/C date paid _____

amount\$ _____

rec# _____