



GOVERNMENT OF THE U.S. VIRGIN ISLANDS

# DEPARTMENT OF PUBLIC WORKS

## BURIAL PLOT PERMIT APPLICATION

Application Number: \_\_\_\_\_

### INFORMATION ON DECEASED

Name of Deceased: \_\_\_\_\_

Age: \_\_\_\_\_ Infant  Child  Adult

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Requested Funeral Date: \_\_\_\_\_ Viewing starts: \_\_\_\_\_ Funeral Service Starts \_\_\_\_\_

Funeral Home : \_\_\_\_\_

Requested Cemetery: \_\_\_\_\_ Site Location: \_\_\_\_\_

Church Service Time: \_\_\_\_\_ Church Location: \_\_\_\_\_

New Site:  Existing Site:  Burial  Vault  Crypt  Slab  Cremation

If existing gravesite, name of person previously interred: \_\_\_\_\_

### INFORMATION ON APPLICANT

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATION TO DECEASED: \_\_\_\_\_

VAULT CONSTRUCTION: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR LICENSE NO.: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

ACCEPTED METHODS OF PAYMENT: BANK/CASHIER'S CHECK  MONEY ORDER  CASH

I hereby acknowledge, that in accordance with the provisions of Title 19, Chapter 59, Subchapter 2002-8, V.I. Rules and Regulations, I will maintain the grave plot/vault in clean condition for the life of this permit issued by the Virgin Islands Department of Public Works.

_____	_____	_____
Time Submitted	Date Submitted	Signature of Applicant

### TO BE COMPLETED BY DPW PERSONNEL

Permit Duration: 20 years from this date Cemetery: \_\_\_\_\_

Location of Burial Site: \_\_\_\_\_

Underground Burial:  Vault:  Slab:  Crypt:  Cremation:

Total Fee Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_