



BURIAL PLOT PERMIT APPLICATION

INFORMATION ON DECEASED

Full Name: _____ Age: _____ Gender: _____

Date of Birth _____ Date of Death _____ Veteran: Yes No

Requested Funeral Date: _____ Service Start Time: _____ Cemetery Arrival Time: _____

Funeral Home: _____ Cemetery/Location _____

Church/Location: _____

New Site Existing Site – Name and date of previously interred: _____

Type of Burial: Earth Burial Vault Crypt Cremation

BURIAL PLOT PERMIT FEES

WEEKDAYS		WEEKEND/HOLIDAY	
Private Cemetery Burials	\$125	Private Cemetery Burials	\$250
Public Cemetery Burials	\$250	Public Cemetery Burials	\$500
Crypt \$1925			

ACCEPTED METHODS OF PAYMENT

Bank/Cashier's Check, Money Order, Cash, Credit Card

INFORMATION ON APPLICANT

Full Name: _____

Physical Address: _____

Mailing Address: _____

Telephone: _____ Relation to Deceased: _____

Vault Construction: _____

Contractor: _____ License #: _____ Expiration: _____

Signature _____ Date Submitted _____

INTERNAL USE ONLY

Cemetery Name: _____

Location of Burial Site: _____

Type of Burial: Earth Burial Vault Crypt Cremation

PAYMENT INFORMATION

Total Amount Due: \$_____	Permit Fees Collected: \$_____
Check # if applicable	Receipt #

Department of Health Burial Permit # _____ Date _____

*The Department of Public Works wishes to extend our
deepest condolences on the loss of your loved one.*

DEPARTMENT OF PUBLIC WORKS
UNITED STATES VIRGIN ISLANDS