



City Clerk's Office  
 710 Mill Bay Road, Room 110  
 Kodiak, AK 99615  
 (907) 486-8636 / (907) 486-8600 (fax)

Revised: March 2020

DATE OF REGISTRY	<b>KODIAK CITY CEMETERY BURIAL PERMIT/REGISTRY FORM</b>		GRAVE SITE NO.
DECEDENT'S NAME			AGE
DATE OF BIRTH	PLACE OF BIRTH		
DATE OF DEATH	PLACE OF DEATH	WAS DECEDENT A VETERAN?	
DATE OF BURIAL	TIME GRAVESIDE SERVICE BEGINS	TIME GRAVESIDE SERVICE ENDS	

LOT CHARGES		BURIAL CHARGES	
<input type="checkbox"/> Adult	300.00	<input type="checkbox"/> Adult	400.00
<input type="checkbox"/> Child (half-size) <i>Available only in specified areas</i>	150.00	<input type="checkbox"/> Adult, mid-winter*	550.00
<input type="checkbox"/> Cremains (half-size) <i>Available only in specified areas</i>	150.00	<input type="checkbox"/> Child or Cremains	150.00
<input type="checkbox"/> Subsequent burial in lot, or lot previously purchased and reserved	n/c	<input type="checkbox"/> Child or Cremains, mid-winter*	275.00
		<input type="checkbox"/> Extra depth for future subsequent burial (burial charges will be assessed at the time of subsequent burial, if required)	n/c
		*mid-winter rates apply when ground must be thawed	

Any monuments, plantings, fences, or other improvement to a grave site must be restricted to the limits of the 3' x 8' grave site. Maintenance of improvements is the responsibility of the family or other named responsible party. Fees paid for Lot Charges are for the use of the property only; the City retains title to the property, including the right to remove items placed on the grave that are unsightly or otherwise inappropriate in the City's sole discretion. The City assumes no liability for any damage or loss to the property constructed or otherwise located on a grave site.

**PERSON RESPONSIBLE FOR PAYMENT:**

NAME	TELEPHONE NO.
MAILING ADDRESS	TOTAL CHARGES DUE: <b>\$</b>
CITY, STATE, ZIP CODE	

I affirm that I have the right to use this plot for this burial, and I will be responsible for payment of fees and other arrangements for interment.

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PARTY

**ADMINISTRATIVE USE ONLY**

METHOD OF PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VISA/MASTERCARD If no, explain:	CHARGES PAID IN FULL? <input type="checkbox"/> YES <input type="checkbox"/> NO	STAFF INITIALS: _____
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Date Permit Issued: \_\_\_\_\_

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CITY CLERK