



LINWOOD TOWNSHIP

ANOKA COUNTY

22817 Typo Creek Drive N.E.

Stacy, Minnesota 55079

(651) 462-2812 • Fax (651) 462-0500

Cemetery Coordinator: Craig Rylander (612) 282-7014

E-Mail: cemetery@linwoodtownship.org

BURIAL APPLICATION

Deceased Full Name: _____ Maiden Name _____

Date of Death: _____ Date of Birth: _____

Interment Date: _____ Interment Time: _____

Name of Funeral Home: _____ Contact: _____

Will funeral director be present at interment? Yes _____ No _____

Type of Burial: ☐ Full Burial Vault Size: _____ H _____ W _____ L

☐ Cremains Urn Size: _____ H _____ W _____ L Vault Size: _____ H _____ W _____ L

Veteran: ☐ Yes ☐ No _____ Rank _____ Branch _____ War Service

Police: ☐ Yes ☐ No _____ Rank _____ Department Served

Fire: ☐ Yes ☐ No _____ Years of Service _____ Department Served

Cremation Certificate attached: Yes _____ No _____ Disposition Permit attached: Yes _____ No _____

Was the deceased a current resident of Linwood Township at the time of death? Yes _____ No _____

Was the deceased a former resident of Linwood Township? Yes _____ No _____

An eligible former resident will pay an Administrative Fee to Linwood Township at the time of application

TOWNSHIP OFFICE USE ONLY

GRAVESITE ASSIGNED TO DECEASED

Section: Original A (north) B (east)

Block #: _____ Lot A B C D Burial # in lot _____

Is there a gravesite reserved for a surviving spouse, partner or family member? Yes _____ No _____

Type of burial planned: ☐ Full Burial ☐ Cremains

Surviving spouse, partner or family member: _____ Relationship: _____

GRAVESITE RESERVED:

Section: Original A (north) B (east) Block #: _____ Lot: A B C D Burial # in lot _____

Coordinator Confirmation: _____ Date: _____

Burial Fees Payable to: D&K Outdoor Services, 27319 Potomac St. NE, Stacy, MN 55079

FAMILY OR PAYER CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Alternate Phone (____) _____

Email _____

The undersigned acknowledges the above information is true and correct. The undersigned understands that all information on this document is public information.

(Signature)

ADDITIONAL FAMILY CONTACT INFORMATION (OPTIONAL)

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Alternate Phone (____) _____

Email _____

INFORMATION REGARDING DECEASED (OPTIONAL)

Last Residence Address _____

City _____ State _____ Zip Code _____

Place of Birth _____ Place of Death _____

Mother's Name _____ Father's Name _____

Deceased Occupation(s) _____

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