



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 _____
(Print)

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

☐ Ashes Urn Size: ____ H ____ W ____ L Vault Size: ____ H ____ W ____ L

Veteran: ☐ Yes ☐ No _____ Rank _____ Branch _____ War Service
(Information, if known)

Police: ☐ Yes ☐ No _____ Rank _____ Department Served
(Information, if known)

Fire: ☐ Yes ☐ No _____ Years of Service _____ Department Served
(Information, if known)

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 _____

Coordinator Confirmation: _____ Date _____

GRAVESITE ASSIGNED TO SURVIVING PARTNER OR FAMILY MEMBER

Is there another plot reserved for a surviving partner or family member? Yes _____ No _____

Type of burial planned: ☐ Full Burial ☐ Ashes

Surviving Partner/Family Member Name: _____ Relationship _____

GRAVESITE RESERVED:

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

Reviewed and assigned by: _____ Date: _____

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) _____

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