

PERSHING COUNTY CEMETERY OFFICE

**NOTIFICATION MUST BE MADE TO PERSHING COUNTY CEMETERY OFFICE  
PRIOR TO ANY BURIAL**

**CREMATION BURIAL PROCEDURES & REQUIRED INFORMATION**

With regards to cremation burial, four (4) cremation burials are allowed per gravesite where someone is already buried.

**Cremation Burial should be at the head or at the foot of the gravesite towards the corners of the gravesite. You should dig down 36" deep and 18" across.**

For our records we would need to know the following:

Gravesite Location (circle one): Lone Mountain Cemetery Big Meadow Cemetery

Section \_\_\_\_\_ Row \_\_\_\_\_ Plot \_\_\_\_\_

Name of Person currently buried in existing gravesite: \_\_\_\_\_

**Information on cremated individual being buried:**

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Death Date \_\_\_\_\_

City/State where deceased died \_\_\_\_\_

Your Relationship to person previously buried \_\_\_\_\_

How to contact you should there be any other questions:

Your Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email address \_\_\_\_\_

Please return this information to: Julie Lyon, Cemetery Director  
Pershing County Cemetery Office  
Physical Address 535 Western Avenue, Lovelock  
Mailing Address: P.O. Box 1949, Lovelock, NV 89419  
Office: (775) 273-3824 email: pershingcountycemetery@gmail.com

**PLEASE INCLUDE BURIAL PERMIT & IF AVAILABLE A COPY  
OF OBITUARY**

PERSHING COUNTY CEMETERY OFFICE

**APPROVAL MUST BE REQUESTED TO PERSHING COUNTY CEMETERY BOARD PRIOR TO ANY RELOCATION OF CREMATION ASHES. CEMETERY BOARD WILL THEN MAKE A RECOMMENDATION TO THE COUNTY COMMISSION.**

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Request to remove cremated ashes from Gravesite Location (circle one):

Lone Mountain Cemetery    Big Meadow Cemetery

Section \_\_\_\_\_ Row \_\_\_\_\_ Plot \_\_\_\_\_

Name of Person: \_\_\_\_\_ Your Relationship to the Person \_\_\_\_\_

Your Name \_\_\_\_\_ Email address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Explain why you are making this request:

Is there any individual/relative who needs to be notified of your request or who would have any objection to this request: If yes, we need their contact information:

What are the plans for the burial plot if it will no longer be occupied?

Requestor's Signature \_\_\_\_\_ Date of Request \_\_\_\_\_

Nearest Relative's Signature \_\_\_\_\_ Date \_\_\_\_\_

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