

# CITY OF BROOKFIELD – CEMETERY GRAVE DIGGING WORK ORDER

**Rose Hill Cemetery**  
City of Brookfield, Missouri  
660-258-3377 • [tsportsman@brookfieldcity.com](mailto:tsportsman@brookfieldcity.com)

## 1. Work Order Information

Work Order No.: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Issued By (City Staff): \_\_\_\_\_

## 2. Deceased Information

Name of Deceased: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Death: \_\_\_\_\_

## 3. Burial Details

Cemetery Section: \_\_\_\_\_  
Lot No.: \_\_\_\_\_  
Space/Grave No.: \_\_\_\_\_  
Type of Burial (check one):

- Standard Full Burial
- Cremation
- Infant
- Disinterment
- Reinterment

Requested Date of Service: \_\_\_\_\_  
Requested Time: \_\_\_\_\_

Funeral Home: \_\_\_\_\_  
Funeral Home Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

## 4. Grave Specifications

### Required Depth:

- Standard (as required by state law and cemetery regulations)
- Double Depth (if applicable)
- Infant
- Cremation (crypt/vault location indicated above)

**Vault Type:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

## 5. Contractor Information

Assigned Grave Digger/Contractor: \_\_\_\_\_

Phone: \_\_\_\_\_

**Contract Price:** \$ \_\_\_\_\_

(Per the City-approved contracted rate schedule.)

## 6. City Verification Checklist

City Staff must verify the following before releasing the work order:

✓ **Lot ownership verified** (deed/records)

✓ **Space availability confirmed**

✓ **Fees collected** (check one):

-  City Fee: \$ \_\_\_\_\_

-  Paid by:  Funeral Home  Family

✓ **Burial Permit received**

✓ **Grave location marked on site**

✓ **Contractor notified and confirmed**

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## 7. Completion Section (Contractor)

Excavation Start Time: \_\_\_\_\_

Completion Time: \_\_\_\_\_

Backfill Completed:  Yes  No

Topsoil/Seed Applied:  Yes  No

Any Issues Encountered: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 8. City Staff Final Inspection

Inspection Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

## 9. Billing & Documentation

Invoice No.: \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

Paid On: \_\_\_\_\_

Payment Method:

- City-issued check
- Funeral home reimbursement
- Other: \_\_\_\_\_

Filed By: \_\_\_\_\_

Date Filed: \_\_\_\_\_