BURIAL PLOT PERMIT APPLICATION

19 V.I.C. § 861 - The body of any person whose death occurs in the Virgin Islands, or which shall be found dead therein, shall not be interred, deposited in a vault or tomb, cremated or otherwise disposed of, or removed from or into any local registration district (or temporarily held pending further disposition more than 24 hours after death), unless a permit for **burial**, removal, or other disposition thereof shall have been properly issued by the local registrar or deputy registrar of such local registration district.

Cemetery Fees Explained: Services Included in Your Application

- Witnessing Fee – Covers oversight to ensure proper burial procedures.
- Burial Preparation – Includes digging, grounding, and casket placement.
- Permit & Admin Fees – Covers paperwork processing and legal documentation.
- Cemetery Maintenance – Landscaping, mowing, and general upkeep.

INFORMATION ON DECEASED

Full Name: _____ Age: _____ Gender: _____

Date of Birth_____ Date of Death _____ Veteran: ☐ Yes ☐ No

Requested Funeral Date: _____ Service Start Time: _____ Cemetery Arrival Time: _____

Funeral Home: _____ Cemetery/Location_____

Church/Location: _____

☐ New Site ☐ Existing Site – Name and date of previously interred: _____

Type of Burial: ☐ Earth Burial ☐ Vault ☐ Crypt ☐ Cremation

BURIAL PLOT PERMIT FEES

WEEKDAYS		WEEKEND/HOLIDAY	
Private Cemetery Burials	$125	Private Cemetery Burials	$250
Public Cemetery Burials	$250	Public Cemetery Burials	$500

Cremation Niche $125 / Cremation Crypt $700

Infant Burials (0 -12 months) $125

Crypt $2750

ACCEPTED METHODS OF PAYMENT

Bank/Cashier's Check, Money Order, Cash, Credit Card

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INFORMATION ON APPLICANT

Full Name: _____

E-mail Address: _____

Mailing Address: _____

Telephone: _____ Relation to Deceased: _____

Vault Construction: _____

Contractor: _____ License #: _____ Expiration: _____

I hereby certify that in, accordance with the provisions of Title 19, Chapter 59, Subchapter 2002-8 V.I. Rules and Regulations, I will maintain the grave plot/vault in clean condition for life of this permit issued by the Department of Public Works (does not apply to cremations or sea burials).

Applicant Signature: _____ Date: _____

INTERNAL USE ONLY

Cemetery Name: _____

Location of Burial Site: _____

Type of Burial: ☐ Earth Burial ☐ Vault ☐ Crypt ☐ Cremation

PAYMENT INFORMATION	
Total Amount Due: $_____	Permit Fees Collected: $_____
Check # if applicable	Receipt #

Department of Health Burial Permit # _____ Date _____

The Department of Public Works wishes to extend our deepest condolences on the loss of your loved one.