

# Cemetery Reserve/Burial Form

## Decedent

Burgos  
Last Name  
Jaime Antonio  
First & Middle Name

Reservation \_\_\_\_\_  
Burial  \_\_\_\_\_

Maiden/Alternate Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: Jan. 11, 1974 Date of Death: June 3, 2021 Date of Burial: July 12<sup>th</sup>, 2021  
Time of Mass: \_\_\_\_\_ Time of Burial: 10:30 am.

### REPRESENTATIVE / RESPONSIBLE PARTY FOR PAYMENT

Representative: Conrad Burgos Relation to Decedent: brother  
Address: 4795 N Woodside DR TUCSON AZ 85705  
Cell Phone: 520-336-3303 Home Phone: 520-409-4457  
Email address: dhosking1985@gmail.com

<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Plot Previously Reserved and Paid For</td> <td style="text-align: right;">\$000.00</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>RESIDENT vs NON-RESIDENT</b></td> </tr> <tr> <td style="text-align: center;"><b>Resident</b></td> <td style="text-align: center;"><b>Non-Resident</b></td> </tr> <tr> <td>___ Full Size Plot Purchase</td> <td style="text-align: right;">\$500.00      \$600.00</td> </tr> <tr> <td>___ Full Size Plot w/ 4 Cremains</td> <td></td> </tr> <tr> <td>___ Single Cremain Plot</td> <td style="text-align: right;">\$250.00      \$300.00</td> </tr> <tr> <td>___ 8 Cremains - Full Size Plot</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b><u>SERVICES</u></b></td> </tr> <tr> <td>___ Open &amp; Close: Full Size (Machine)</td> <td style="text-align: right;">\$300.00</td> </tr> <tr> <td>___ Open &amp; Close: Full Size (Hand Dug)</td> <td style="text-align: right;">\$600.00</td> </tr> <tr> <td>___ Open &amp; Close: Cremains</td> <td style="text-align: right;">\$300.00</td> </tr> <tr> <td>___ Open &amp; Close: Baby Plot (Machine)</td> <td style="text-align: right;">\$150.00</td> </tr> <tr> <td>___ Open &amp; Close: Baby Plot (Hand Dug)</td> <td style="text-align: right;">\$300.00</td> </tr> <tr> <td>___ Open Only: Full Size (Machine)</td> <td style="text-align: right;">\$150.00</td> </tr> <tr> <td>___ Open Only: Cremains</td> <td style="text-align: right;">\$150.00</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b><u>OTHER</u></b></td> </tr> <tr> <td>___ Weekend or Holiday Burial</td> <td style="text-align: right;">\$100.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Maintenance Fee</td> <td style="text-align: right;">\$100.00</td> </tr> <tr> <td>___ Less than 2 days notice (\$100/day x ___ days)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;"><b>TOTAL:</b></td> <td style="text-align: right;"><b>\$ <u>100.-</u></b></td> </tr> </table>	<input checked="" type="checkbox"/> Plot Previously Reserved and Paid For	\$000.00	<b>RESIDENT vs NON-RESIDENT</b>		<b>Resident</b>	<b>Non-Resident</b>	___ Full Size Plot Purchase	\$500.00      \$600.00	___ Full Size Plot w/ 4 Cremains		___ Single Cremain Plot	\$250.00      \$300.00	___ 8 Cremains - Full Size Plot		<b><u>SERVICES</u></b>		___ Open & Close: Full Size (Machine)	\$300.00	___ Open & Close: Full Size (Hand Dug)	\$600.00	___ Open & Close: Cremains	\$300.00	___ Open & Close: Baby Plot (Machine)	\$150.00	___ Open & Close: Baby Plot (Hand Dug)	\$300.00	___ Open Only: Full Size (Machine)	\$150.00	___ Open Only: Cremains	\$150.00	<b><u>OTHER</u></b>		___ Weekend or Holiday Burial	\$100.00	<input checked="" type="checkbox"/> Maintenance Fee	\$100.00	___ Less than 2 days notice (\$100/day x ___ days)	\$ _____	<b>TOTAL:</b>	<b>\$ <u>100.-</u></b>	<p><b>SPECIAL NOTES:</b> <u>Pete Garcia</u> <u>will open &amp; close</u></p> <hr/> <p>Paid on: _____</p> <p style="text-align: center;">Check / Cash / Other</p> <hr/> <p>Check/Ref No.: _____</p> <hr/> <hr/>
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**GRAVESITE**

Section Letter: B Row No. 29 Plot No. 4

Cremains / Full Size Coffin / Plot with coffin & 4 cremains / Plot with 8 cremains

To be buried with: \_\_\_\_\_ Relation: \_\_\_\_\_

Is other person already buried? Yes / No / To be buried at same time

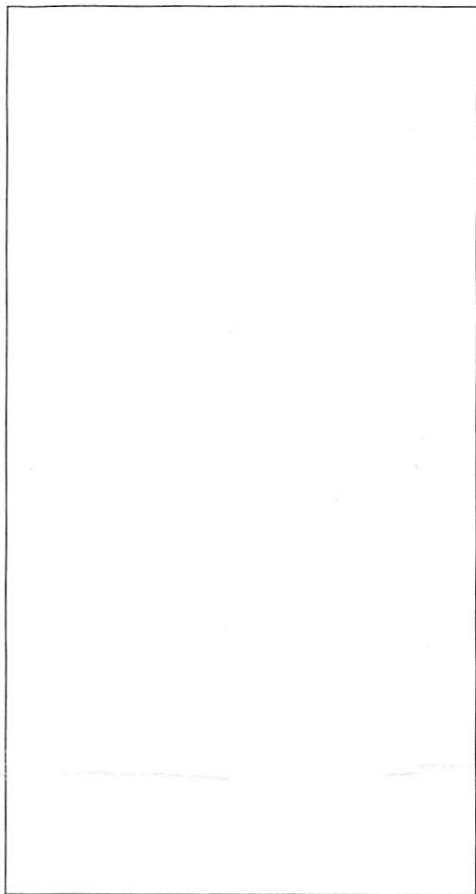
Grave to be dug double deep: Yes / No / Already is

VETERAN: YES \_\_\_\_\_ NO X

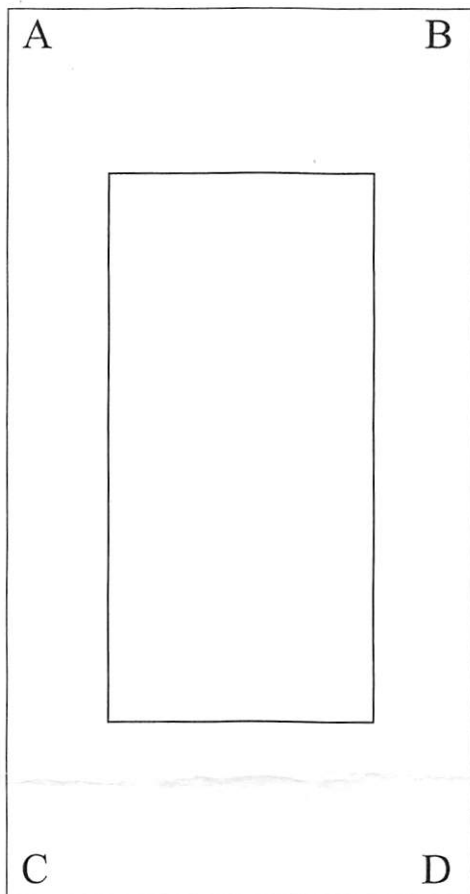
**Additional Info/Special Instructions:**

cremains to be buried top left corner of plot 4  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

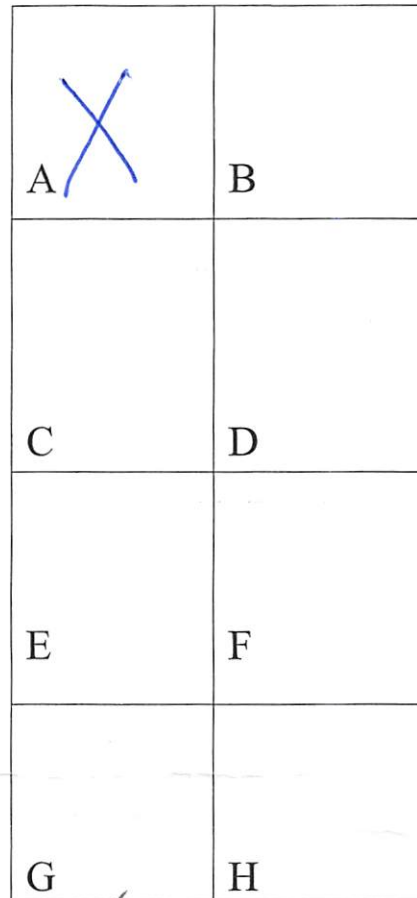
# Plot Plan



\_\_\_\_ 4x8 Casket Plot



\_\_\_\_ 4x8 Plot w/ casket & 4 Cremains



8 Cremains Plot

Approved by Family Member:

Berdie B. Burgos  
Print

Berdie B. Burgos  
Sign

July 12, 2021  
Date

Approved by Public Works

\_\_\_\_\_

Print

\_\_\_\_\_

Sign

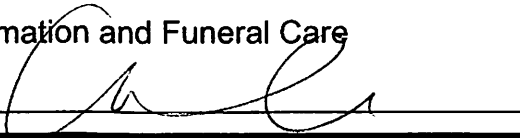
\_\_\_\_\_

Date



**MEMORIAL CREMATORY, INC**  
 1050 N. Dodge Blvd., Tucson, AZ 85716 (520) 325-4973  
 8090 N. Northern Ave., Oro Valley, AZ 85704 (520) 742-7901

**Certificate of Cremation**

To certify that **Jaime Antonio Burgos** was cremated at **El Encanto Memorial Crematory, Inc,**  
 under the observance of all legal requirements on **July 1, 2021** **No.49288**  
 The date of death was **June 3rd, 2021** Place **Tucson, AZ**  
 Age **47** Sex **Male** Mortuary **Oasis Cremation and Funeral Care**  
 Crematory Operator **Kris Vemulapalli** 

A COPY OF THIS PERMIT MUST ACCOMPANY THE BODY TO THE FINAL DESTINATION.		<b>STATE OF ARIZONA</b> DEPARTMENT OF HEALTH SERVICES – BUREAU OF VITAL RECORDS <b>DISPOSITION TRANSIT PERMIT</b>			PERMIT NUMBER
IDENTIFICATION OF DECEASED	1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>JAIME, ANTONIO, BURGOS</b>		2. SEX <b>MALE</b>	3. DATE OF BIRTH <b>01/11/1974</b>	DP2021-040872
	5. PLACE OF DEATH - CITY OR TOWN <b>TUCSON</b>		6. COUNTY <b>PIMA</b>		4. DATE OF DEATH <b>06/03/2021</b>
MANNER AND PLACE OF DISPOSITION	8. NAME AND ADDRESS OF FUNERAL FACILITY OR PERSON RESPONSIBLE <b>OASIS CREMATION &amp; FUNERAL CARE 1687 W PRINCE ROAD #101, TUCSON, AZ 85705</b>				7. STATE <b>ARIZONA</b>
	9. NAME OF FUNERAL DIRECTOR OR RESPONSIBLE PERSON <b>DARRYL . FOSTER</b>				
	10. METHOD OF DISPOSITION <b>CREMATION</b>		11. NAME AND LOCATION OF 1 <sup>ST</sup> DISPOSITION FACILITY <b>EL ENCANTO MEMORIAL CREMATORY - DODGE, TUCSON, AZ, US</b>		12. DATE OF DISPOSITION <b>06/28/2021</b>
	13. METHOD OF DISPOSITION		14. NAME AND LOCATION OF 2 <sup>ND</sup> DISPOSITION FACILITY		15. DATE OF DISPOSITION
AUTHORIZATION	16. MEDICAL EXAMINER'S AUTHORIZATION FOR CREMATION <b>KRISTA, L., TIMM</b>				17. DATE OF AUTHORIZATION <b>06/24/2021</b>
A.A.C. R9-19-313 REQUIRES THAT A PERSON IN CHARGE OF A PLACE OF FINAL DISPOSITION IN ARIZONA SHALL MAINTAIN A COPY OF THIS DISPOSITION TRANSIT PERMIT AT THE PLACE OF FINAL DISPOSITION FOR AT LEAST FIVE YEARS AFTER THE ISSUE DATE					

# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

ORIGINAL  
STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS  
**CERTIFICATE OF DEATH**

State File Number  
102-2021-037586

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>JAIME, ANTONIO, BURGOS</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>06/03/2021</b>	
4. SEX <b>MALE</b>	5. SOCIAL SECURITY NUMBER <b>527-85-8533</b>	6. DATE OF BIRTH <b>01/11/1974</b>	7. AGE <b>47 YEARS</b>		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH <b>TUCSON, PIMA, 85705</b>					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) <b>RESIDENCE - 1501 N ORACLE ROAD #119</b>					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>BISBEE, ARIZONA</b>		11. MARITAL STATUS <b>NEVER MARRIED</b>		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>NOT LISTED</b>	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) <b>1501 N ORACLE ROAD #119, TUCSON, PIMA, AZ, 85705</b>					
14. DECEDENT'S HISPANIC ORIGIN(S) <b>HISPANIC</b>		15. DECEDENT'S RACE(S) <b>WHITE</b>		16. EVER IN ARMED FORCES <b>NO</b>	
				17. OCCUPATION <b>WAREHOUSE EMPLOYEE</b>	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>JOSE, ROBERTO, BURGOS</b>			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>DELIA, RODRIGUEZ, CHAVEZ</b>		
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>CONRADO, ROBERTO, BURGOS</b>				21. RELATIONSHIP <b>BROTHER</b>	
22. INFORMANT'S MAILING ADDRESS <b>4795 N WOODSIDE DRIVE, TUCSON, AZ, 85705</b>					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON <b>OASIS CREMATION &amp; FUNERAL CARE 1587 W PRINCE ROAD #101, TUCSON, AZ, 85705</b>			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON <b>DARRYL, FOSTER</b>		25. LICENSE NUMBER <b>FDL-01766</b>
26. METHOD(S) OF DISPOSITION <b>CREMATION</b>		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY <b>EL ENCANTO MEMORIAL CREMATORY - DODGE, TUCSON, AZ, US</b>		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
29. A. IMMEDIATE CAUSE OF DEATH <b>DIABETES TYPE 2</b>				30. APPROXIMATE INTERVAL <b>YEARS</b>	
31. B. DUE TO OR AS A CONSEQUENCE OF:				32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				35. APPROXIMATE INTERVAL	
<b>CAUSE OF DEATH PART II</b>					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:			38. INJURY? <b>NO</b>	39. INJURY AT WORK?	40. MANNER OF DEATH <b>NATURAL DEATH</b>
			41. TIME OF DEATH <b>05:33 AM</b>	42. WAS AN AUTOPSY PERFORMED? <b>NO</b>	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
<b>CAUSE AND MANNER CERTIFICATION</b>					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.			44. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>JOY, , MOCKBEE</b>		45. DATE CERTIFIED <b>06/23/2021</b>
46. CERTIFIER'S ADDRESS <b>839 W CONGRESS, TUCSON, AZ, 85745</b>					

Date Registered: 06/24/2021

Date Issued: 06/28/2021

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.  
Revised 07/2016

*Krystal Colburn*

**KRYSTAL COLBURN  
ASSISTANT STATE REGISTRAR**



**ARIZONA DEPARTMENT  
OF HEALTH SERVICES**

2818035

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**