

INTERMENT REQUEST FORM

Notice Date: _____ Cemetery: _____

Funeral Home Information:

Funeral Home: _____ Order Placed By: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone Number: (____) - _____ Fax: (____) - _____
 Email: _____

Deceased Information:

Name: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Birth Date: _____ Age: _____ Marital Status: M W S Gender: M F
 Death Date: _____ Burial Date: _____ Burial Day: _____ Arrival Time: _____
 Church: _____ Services: Y / N Date(s): _____ Time: _____

POI Information:

Certificate Owner: _____
 Relationship to Deceased: _____
 Grave: Section: _____ Lot: _____ Row: _____ Grave No: _____
 Crypt/Niche: Section: _____ Mausoleum/Columbarium Name _____
 Elevation/Aisle: _____ Row: _____ Crypt/Niche No: _____

Burial Information:

Type: Adult Youth Baby Fetus ASC Natural Burial
 Ground: Interment: OD XD OT Comment _____
 Raise & Lower Of: _____
 Cremated Remains Placement: Head Upper Left Upper Right
 Center Center Left Center Right
 Foot Lower Left Lower Right
 Entombment: Single Companion Tandem
 Niche Niche Size: _____ Urn Size: _____

ONLY METAL OR FIBERGLASS CASKET FOR ENTOMBMENT ~ Funeral Director Signature: _____

Outer Burial Container:

Company: _____ Style: _____ Size: _____
 Full Body Cement Metal Air Seal ASC Vault Cap ASC Air Seal Vault Lid
 Cremains Marble Urn/Vault Combo

Minimum 12 gauge galvanized steel: Funeral Director Signature: _____

PLEASE PROCEED TO PAGE 2 TO CONTINUE

Deceased: _____

Services:

- | | | | | |
|---|---|---|---|--------------------------------------|
| <input type="checkbox"/> Family Will Attend | <input type="checkbox"/> Family Will Not Attend | | | |
| <input type="checkbox"/> Funeral Director Will Attend | <input type="checkbox"/> Funeral Director Will Not Attend | | | |
| <input type="checkbox"/> Graveside | <input type="checkbox"/> Roadside | <input type="checkbox"/> Greek Rites | <input type="checkbox"/> Callistian Guild | <input type="checkbox"/> Reservation |
| <input type="checkbox"/> Option Refused | <input type="checkbox"/> Tent | <input type="checkbox"/> Chapel Mausoleum Service | | |
| <input type="checkbox"/> Affidavit Day of Interment | <input type="checkbox"/> Affidavit On File | | | |

Inscription: Final Death Date: _____ Military Branch of Service: _____

Additional Remarks: _____

Contact/Client:

Name: _____

Relationship to Deceased: _____

Address: _____ City: _____ State: _____ Zip: _____

Home: (____) - _____ Mobile: (____) - _____

Email: _____

Prepaid Services:

Invoice Number: _____

Date: _____

Fees:

- | | |
|--|-----------------|
| Interment Fee | \$ _____ |
| Vault Installation & Service | \$ _____ |
| Tent | \$ _____ |
| Crypt Committal | \$ _____ |
| Option | \$ _____ |
| 15% Cemetery Endowment Burse | \$ _____ |
| (Places of interment and Option only; Non-refundable) | |
| Pre-Need Balance Transfer | \$ _____ |
| Other | \$ _____ |
| Tax | \$ _____ |
| Total | \$ _____ |

Lot Sketch ~ Office Use Only:

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The above charges are for additional services requested by the undersigned.

I understand payment is due at the time of burial.

I understand payment is due within 30 days.

_____ or _____
Funeral Director Signature Contact/Client Signature

Print _____ Print _____

OFFICE USE ONLY ~ GRAVE VERIFICATION

Contact: _____ Relationship: _____

Phone: _____ Date/Time of Call: _____

- Family waives the right to verify the grave location _____ FSR
- Location verified by phone _____ FSR
- Family will exercise the right to visit the cemetery to verify the grave location _____ FSR

Comments: _____

Final Death Date: Y N Invoice Number: _____