

## 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:**

- Family Will Attend                       Family Will Not Attend
- Funeral Director Will Attend           Funeral Director Will Not Attend
- Graveside     Roadside     Greek Rites     Callistian Guild     Reservation
- Option Refused                   Tent                   Chapel Mausoleum Service
- Affidavit Day of Interment       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	\$ _____
<b>(Places of interment and Option only; Non-refundable)</b>	
Pre-Need Balance Transfer	\$ _____
Other	\$ _____
Tax	\$ _____
<b>Total</b>	<b>\$ _____</b>

**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: \_\_\_\_\_