



CATHOLIC CEMETERIES ASSOCIATION INTERMENT NOTIFICATION FORM

Notice Date: _____ 48 Hour Notice Required

Revision

Cemetery: _____

Rev. Date: _____

Funeral Home Information:

Funeral Home: _____ Order Placed By: _____

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

Phone Number: (_____) - _____ Fax: (_____) - _____

Email: _____

Funeral Director Will Attend Burial

Funeral Director Will Not Attend Burial

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: _____ Pallbearers Graveside Roadside

Veteran : Branch _____ Tent Crypt Committal Greek Rites

Outer Burial Container:

Company: _____ Style: _____ Size: _____

Full Body Cement Metal Air Seal Cremains Marble Urn/Vault Combo

Minimum 12 gauge galvanized steel:

Funeral Director Signature: _____

Crypt: ONLY METAL OR FIBERGLASS CASKET FOR ENTOMBMENT:

Funeral Director Signature: _____

Family Contact:

Name: _____

Relationship to Deceased: _____

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

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

Email: _____

OFFICE USE ONLY

Sec _____ Lot _____ Grave _____ Row _____
Mausoleum _____ Elevation _____ Crypt _____ Niche _____

LOT SKETCH

Appointment:

Day _____

Date _____

Time _____

FSR _____

Additional Comments:

