



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: _____

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

Ground: Interment: OD XD OT

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

Cremains Marble Urn/Vault Combo

Minimum 12 gauge galvanized steel: Funeral Director Signature: _____

PLEASE PROCEED TO PAGE 2 TO CONTINUE

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 \$ _____
- (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.

Funeral Director Signature

or _____
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: _____