

INTERMENT REQUEST FORM

Notice Date: Cemetery:
Funeral Home Information:
Funeral Home: Order Placed By:
Address:
Phone Number: () Fax: () -
Email:
Deceased Information:
Name:
Address:
Birth Date: Age: Marital Status: MWS Gender: MF
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: Center Center Left Center Right
Foot Lower Left Lower Right
Entombment: Single Companion Tandem
Niche Niche Size: Urn Size:
Wiche Size On Size
ONLY METAL OR FIBERGLASS CASKET FOR ENTOMBMENT ~ Funeral Director Signature:
Outer Burial Container:
Company: Style: Size: _
Cremains Marble Urn/Vault Combo
Minimum 12 gauge galvanized steel: Funeral Director Signature:

PLEASE PROCEED TO PAGE 2 TO CONTINUE

Deceased:	
Option Refused Tent Cl Affidavit Day of Interment Affidavit	Director Will Not Attend ites
Additional Remarks:	
	City: State: Zip:
	_ Mobile: ()
Email:	Fees: Interment Fee \$
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
Contact:Phone:Family waives the right to verify the contact to the right to verify the right to verify the contact to the right to verify the right to ve	Date/Time of Call: grave location FSR
Final Death Date: Y N	Invoice Number: