

INTERMENT REQUEST FORM

Notice Date _____

Cemetery _____

FUNERAL HOME INFORMATION

Funeral Home _____ Requested By _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

DECEASED INFORMATION

Name _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Age _____ Gender ☐ Male ☐ Female Marital Status ☐ Married ☐ Single ☐ Widow(er)
Parish _____ Branch of Service _____
Date of Death _____ Date of Burial _____ Burial Day ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ S Arrival Time _____

FAMILY CONTACT

Name _____ Relationship To Deceased _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Mobile _____ Email _____

PLACE OF INTERMENT INFORMATION

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

BURIAL INFORMATION

Burial Option	Burial Type	Ground Burial Type
<input type="checkbox"/> Traditional Burial	<input type="checkbox"/> Adult	<input type="checkbox"/> Ordinary Depth
<input type="checkbox"/> Cremation Burial	<input type="checkbox"/> Youth	<input type="checkbox"/> On Top
	<input type="checkbox"/> Baby	<input type="checkbox"/> Extra Deep
	<input type="checkbox"/> Fetus	<input type="checkbox"/> Raise & Lower Of _____
	<input type="checkbox"/> Natural Burial	

Cremated Remains Placement

<input type="checkbox"/> Head	<input type="checkbox"/> Center Left
<input type="checkbox"/> Center	<input type="checkbox"/> Center Right
<input type="checkbox"/> Foot	<input type="checkbox"/> Bottom Left
<input type="checkbox"/> Upper Left	<input type="checkbox"/> Bottom Right
<input type="checkbox"/> Upper Right	

Entombment Burial Type

☐ Crypt
☐ Niche

Only Metal or Fiberglass Casket for Entombment

Funeral Director Signature

OUTER BURIAL CONTAINER

Company _____
Style _____
Vault / OBC / Urn Size _____

Outer Burial Container	Urn/Vault
<input type="checkbox"/> Cement	<input type="checkbox"/> Marble
<input type="checkbox"/> Steel	<input type="checkbox"/> Urn/Vault Combo
<input type="checkbox"/> Air Seal	<input type="checkbox"/> Cement Vault
<input type="checkbox"/> Vault Cap	<input type="checkbox"/> Cement Vault Cap
<input type="checkbox"/> Air Seal Vault Lid	<input type="checkbox"/> Other _____

Minimum 12 gauge galvanized steel:

Funeral Director Signature

PLEASE PROCEED TO PAGE 2 TO CONTINUE

SERVICES

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

Additional Remarks:

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	\$ _____

Prepaid Services:

Invoice Number: _____

Date: _____

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

I understand payment is due at the time of burial.

I understand 20% down is required prior to burial
remaining balance due within 30 days.

_____	or	_____
Funeral Director Signature		Contact/Client Signature
_____		_____
Print		Print

OFFICE USE ONLY

Lot Sketch

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Grave Verification

Name _____ Relationship to Deceased _____

Telephone _____ Mobile _____ Date/Time of Call _____

Comments _____

☐ Location verified by phone _____ FSR

☐ Family will exercise the right to visit the cemetery to verify the grave location _____ FSR

Final Inscription Request	Prepaid:	Invoice Number: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> No	

Invoice Number: _____
FSR: _____