

INTERMENT REQUEST FORM

Notice Date _			Cemetery					
FUNERAL HO	ME INFORMATION							
Funeral Home			Requested By					
A 1 1			C:	State	Zip			
Phone		Fax	Email					
DECEASED IN	FORMATION							
Name								
Address			City	State	Zip			
Date of Birth	Age	Gender □ Male □	Gender □ Male □ Female Marital Status □ Married □ Single □ Widow(er)					
		Branch of Service						
Date of Death	Branch of Service Date of Burial Burial Day M T W Th F S Arrival Time							
FAMILY CONT	ГАСТ							
Name	Relationship To Deceased							
Address	ress		City	State	Zip			
Home Phone		Mobile			· 			
PLACE OF INT	ΓERMENT INFORMA	TION						
Certificate Owner	Relationship to Deceased							
Grave.	Section Lot	Grave Row	Range					
Crypt/Niche: 1	Mausoleum / Columbariun	1						
	Elevation / Aisle	e	Row C	Crypt / Niche No				
BURIAL INFO			OUTER BURIAL CON					
			CompanyStyle					
☐ Traditional Bu☐ Cremation Bu		☐ Ordinary Depth	Style Vault / OBC / Urn Size					
_ Ciemation bu		☐ Extra Deep	– Outer Burial Container		Vault			
	☐ Fetus	☐ Raise & Lower Of		☐ Marble				
	☐ Natural Burial		☐ Steel	☐ Urn/Vaul	t Combo			
Cremated Re	emains Placement		☐ Air Seal	☐ Cement \				
☐ Head	☐ Center Left		□ Vault Cap□ Air Seal Vault Lid	☐ Cement \	√ault Cap 			
☐ Center	☐ Center Right		□ All Scal vault Eld	□ Other				
☐ Foot	☐ Bottom Left Minimum 12 gauge galvanized steel:							
□ Upper Left□ Upper Right	☐ Bottom Right							
Entombment Burial Type			Funeral Director Signature					
□ Crypt	71							
□ Niche								
Only Metal or Fibe	erglass Casket for Entombm	ent						

Funeral Director Signature

SERVICES						
 □ Graveside □ Roadside □ Tent □ Chapel Mausoleum Service □ Greek Rites 	☐ Family Will Attend☐ Family Will Not A☐ Funeral Director V☐ Funeral Director V☐	ttend Vill Attend	□ A □ R □ C	Affidavit On File Affidavit Day of Interment Reservation Option Refused Callistian Guild		
Additional Remarks:				Fees:		
		Interment Fee		\$		
		Vault Installation & S	Service	\$		
Prepaid Services:		Tent		\$ \$		
Invoice Number:		Crypt Committal Option		\$ \$		
Date:		-	wment Ru			
	(Places of i	15% Cemetery Endowment Burse \$ terment and Option only; Non-refundable)				
		Pre-Need Balance Tra	ınsfer	\$		
		Other		\$		
		Tax		\$		
		Total		\$		
Funeral Director Signature Print	remaining balance due within 30 days. r Contact/Client Signature					
Time	OEEICE I	USE ONLY				
		Sketch				
	Lot	- I				
	Grave Ve	erification				
Name	I.	Relationship to Deceased	4			
	Mobile Date/Time of Call					
☐ Location verified by phone FSR						
, -	Invoice Number:					
Family will exercise the right to visit the ceme	FSR:					
Final Inscription Request Prepaid: ☐ Yes ☐ Yes ☐ No ☐ No	Invoice Number:					