



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
☐ Traditional Burial	☐ Adult	☐ Ordinary Depth
☐ Cremation Burial	☐ Youth	☐ On Top
	☐ Baby	☐ Extra Deep
	☐ Fetus	☐ Raise & Lower Of _____
	☐ Natural Burial	

Cremated Remains Placement

☐ Head	☐ Center Left
☐ Center	☐ Center Right
☐ Foot	☐ Bottom Left
☐ Upper Left	☐ Bottom Right
☐ Upper Right	

Entombment Burial Type

☐ Crypt
☐ Niche

Only Metal or Fiberglass Casket for Entombment

Funeral Director Signature

OUTER BURIAL CONTAINER - NICHE/CRYPT

Company _____
Style _____
Vault / OBC / Urn Size _____

Outer Burial Container

☐ Cement
☐ Steel
☐ Air Seal
☐ Vault Cap
☐ Air Seal Vault Lid

Urn/Vault

☐ Marble
☐ Urn/Vault Combo
☐ Cement Vault
☐ Cement Vault Cap
☐ Other _____

Minimum 12 gauge galvanized steel:

Funeral Director Signature

PLEASE PROCEED TO PAGE 2 TO CONTINUE

SERVICES

- | | | |
|---|---|---|
| ☐ Graveside | ☐ Family Will Attend | ☐ Affidavit On File |
| ☐ Roadside | ☐ Family Will Not Attend | ☐ Affidavit Day of Interment |
| ☐ Tent | ☐ Funeral Director Will Attend | ☐ Reservation |
| ☐ Chapel Mausoleum Service | ☐ Funeral Director Will Not Attend | ☐ Option Refused |
| ☐ Greek Rites | | ☐ Callistian Guild |

Additional Remarks:

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	\$ _____

Fees:

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 a 20% down payment must be paid at least 24 hours prior to the burial; the remaining balance is due within 30 days.

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

OFFICE USE ONLY

Lot Sketch

--	--	--	--

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: _____
☐ Yes ☐ Yes
☐ No ☐ No

Invoice Number: _____
FSR: _____