CATHOLIC CEMETERIES ASSOCIATION
DIOCESE OF CLEVELAND
Faith, Hope, and Remembrance

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
Traditional Burial
Cremation Burial

Burial Type
Adult
Youth
Baby
Fetus
Natural Burial

Ground Burial Type
Ordinary Depth
On Top
Extra Deep
Raise & Lower Of
_____

Cremated Remains Placement

Head
Center
Foot
Upper Left
Upper Right
Center Left
Center Right
Bottom Left
Bottom 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
Roadside
Tent
Chapel Mausoleum Service
Greek Rites

Family Will Attend
Family Will Not Attend
Funeral Director Will Attend
Funeral Director Will Not Attend

Affidavit On File
Affidavit Day of Interment
Reservation
Option Refused
Callistian Guild

Additional Remarks:

_____
_____
_____

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	**$** _____

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

I understand payment is due at the time of burial.

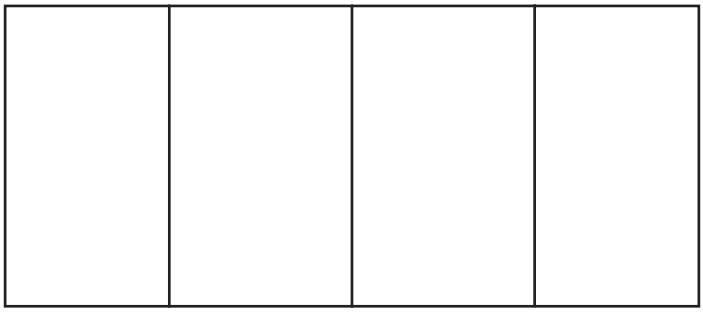
I understand a 20% down payment must be paid at least 24 hours prior to the burial; the remaining balance is due within 30 days.

_____ or _____
Funeral Director Signature — 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
☐ Yes
☐ No

Prepaid:
☐ Yes
☐ No

Invoice Number: _____

Invoice Number: _____
FSR: _____