

INTERMENT REQUEST FORM

Notice Date: _____ Cemetery: _____

Funeral Home Information:

Funeral Home: _____ Order Placed By: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone Number: (____) - _____ Fax: (____) - _____
 Email: _____

Deceased Information:

Name: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Birth Date: _____ Age: _____ Marital Status: M W S Gender: M F
 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: Head Upper Left Upper Right
 Center Center Left Center Right
 Foot Lower Left Lower Right
 Entombment: Single Companion Tandem
 Niche Niche Size: _____ Urn Size: _____

ONLY METAL OR FIBERGLASS CASKET FOR ENTOMBMENT ~ Funeral Director Signature: _____

Outer Burial Container:

Company: _____ Style: _____ Size: _____
 Full Body Cement Metal Air Seal ASC Vault Cap ASC Air Seal Vault Lid
 Cremains Marble Urn/Vault Combo

Minimum 12 gauge galvanized steel: Funeral Director Signature: _____

PLEASE PROCEED TO PAGE 2 TO CONTINUE

