

Faith, Hope, and Remembrance

## INTERMENT REQUEST FORM

Notice Date: Cemetery:
Funeral Home Information:
Funeral Home: Order Placed By:
Address:
Phone Number: () Fax: ()
Email:
Deceased Information: Name:
Address: City: State: Zip:
Birth Date: Age: Marital Status: MWWS Gender: MF
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: 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 Upper Left Upper Right
Placement: 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:
Minimum 12 gauge galvanized steel: Funeral Director Signature:

Deceased:	
Option Refused Tent C Affidavit Day of Interment Affidavit Inscription: Final Death Date:	Director Will Not Attend ites
Additional Remarks:	
	City: State: Zip:
Email:	Mobile: ()
Prepaid Services: Invoice Number: Date: Lot Sketch ~ Office Use Only:	Fees: Interment Fee \$
	Pre-Need Balance Transfer \$ Other \$ Tax \$ Total \$
The above charges are for addition	l nal services requested by the undersigned.
I understand payment is due at the time of burial.	I understand payment is due within 30 days.
Funeral Director Signature	OrContact/Client Signature
Print	Print
Contact: Phone: Family waives the right to verify the FSR	Date/Time of Call: grave location FSR
Comments:	
Final Death Date: Y N	Invoice Number: