



## 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

- |   |   |   |
|---|---|---|
| <b>Burial Option</b>                        | <b>Burial Type</b>                      | <b>Ground Burial Type</b>                       |
| <input type="checkbox"/> Traditional Burial | <input type="checkbox"/> Adult          | <input type="checkbox"/> Ordinary Depth         |
| <input type="checkbox"/> Cremation Burial   | <input type="checkbox"/> Youth          | <input type="checkbox"/> On Top                 |
|   | <input type="checkbox"/> Baby           | <input type="checkbox"/> Extra Deep             |
|   | <input type="checkbox"/> Fetus          | <input type="checkbox"/> Raise & Lower Of _____ |
|   | <input type="checkbox"/> Natural Burial |   |

#### Cremated Remains Placement

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Head        | <input type="checkbox"/> Center Left  |
| <input type="checkbox"/> Center      | <input type="checkbox"/> Center Right |
| <input type="checkbox"/> Foot        | <input type="checkbox"/> Bottom Left  |
| <input type="checkbox"/> Upper Left  | <input type="checkbox"/> Bottom Right |
| <input type="checkbox"/> Upper Right |                                       |

#### Entombment Burial Type

- Crypt  
 Niche

*Only Metal or Fiberglass Casket for Entombment*

\_\_\_\_\_  
 Funeral Director Signature

### OUTER BURIAL CONTAINER

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**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Graveside                | <input type="checkbox"/> Family Will Attend               | <input type="checkbox"/> Affidavit On File          |
| <input type="checkbox"/> Roadside                 | <input type="checkbox"/> Family Will Not Attend           | <input type="checkbox"/> Affidavit Day of Interment |
| <input type="checkbox"/> Tent                     | <input type="checkbox"/> Funeral Director Will Attend     | <input type="checkbox"/> Reservation                |
| <input type="checkbox"/> Chapel Mausoleum Service | <input type="checkbox"/> Funeral Director Will Not Attend | <input type="checkbox"/> Option Refused             |
| <input type="checkbox"/> Greek Rites              |   | <input type="checkbox"/> Callistian Guild           |

**Additional Remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fees:**

Interment Fee	\$ _____
Vault Installation & Service	\$ _____
Tent	\$ _____
Crypt Committal	\$ _____
Option	\$ _____
15% Cemetery Endowment Burse	\$ _____
<i>(Places of interment and Option only; Non-refundable)</i>	
Pre-Need Balance Transfer	\$ _____
Other	\$ _____
Tax	\$ _____
<b>Total</b>	<b>\$ _____</b>

**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 payment is due within 30 days.

\_\_\_\_\_ or \_\_\_\_\_

Funeral Director Signature Contact/Client Signature

\_\_\_\_\_

Print Print

**OFFICE USE ONLY**

**Lot Sketch**

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**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: _____