



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 |
| <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	\$ _____
Total	\$ _____

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.

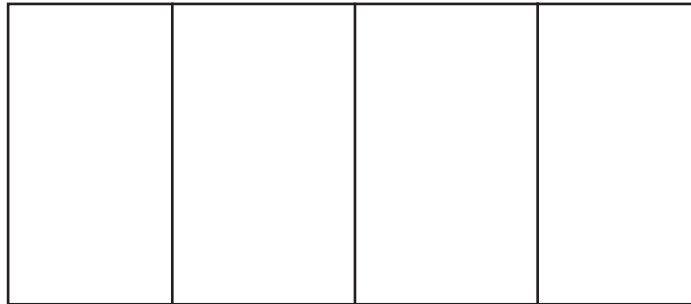
I understand payment is due within 30 days.

 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: _____