

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: _____

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

Deceased: _____

Services:

- Family Will Attend Family Will Not Attend
 Funeral Director Will Attend Funeral Director Will Not Attend
 Graveside Roadside Greek Rites Callistian Guild Reservation
 Option Refused Tent Chapel Mausoleum Service
 Affidavit Day of Interment Affidavit On File

Inscription: Final Death Date: _____ Military Branch of Service: _____

Additional Remarks: _____

Contact/Client:

Name: _____

Relationship to Deceased: _____

Address: _____ City: _____ State: _____ Zip: _____

Home: (____) - _____ Mobile: (____) - _____

Email: _____

Prepaid Services:

Invoice Number: _____

Date: _____

Lot Sketch ~ Office Use Only:

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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 payment is due within 30 days.

Funeral Director Signature or Contact/Client Signature

Print Print

OFFICE USE ONLY ~ GRAVE VERIFICATION

Contact: _____ Relationship: _____

Phone: _____ Date/Time of Call: _____

- Family waives the right to verify the grave location _____ FSR
 Location verified by phone _____ FSR
 Family will exercise the right to visit the cemetery to verify the grave location _____ FSR

Comments: _____

Final Death Date: Y N Invoice Number: _____