



## 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*

### 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

\_\_\_\_\_  
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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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	\$ _____
<b>Total</b>	<b>\$ _____</b>

### Fees:

### 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 a 20% down payment must be paid at least 24 hours prior to the burial; the remaining balance is due within 30 days.

_____ Funeral Director Signature	or _____ 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: \_\_\_\_\_