

INTERMENT REQUEST FORM

Notice Date _			Cemetery					
FUNERAL HO	ME INFORMATION							
Funeral Home			Requested By					
A 1 1			C:	State	Zip			
Phone		Fax	Email					
DECEASED IN	FORMATION							
Name								
Address			City	State	Zip			
Date of Birth	Age	Gender □ Male □	Female Marital Status 🗆 N					
	Branch of Service							
Date of Death	Branch of Service Date of Burial Burial Day M T W Th F S Arrival Time							
FAMILY CONT	ГАСТ							
Name	Relationship To Deceased							
Address			City	State	Zip			
Home Phone		Mobile			· 			
PLACE OF INT	ΓERMENT INFORMA	TION						
Certificate Owner	Relationship to Deceased							
Grave.	Section Lot	Grave Row	Range					
Crypt/Niche: 1	Mausoleum / Columbariun	1						
	Elevation / Aisle	e	Row C	Crypt / Niche No				
BURIAL INFO			OUTER BURIAL CON					
	ion Burial Type Burial □ Adult Burial □ Youth		CompanyStyle					
☐ Traditional Bu☐ Cremation Bu		☐ Ordinary Depth	Style Vault / OBC / Urn Size					
_ Ciemation bu	□ Baby	☐ Extra Deep	– Outer Burial Container		Vault			
	☐ Fetus	☐ Raise & Lower Of		☐ Marble				
	☐ Natural Burial		☐ Steel	☐ Urn/Vaul	t Combo			
Cremated Re	emains Placement		☐ Air Seal	☐ Cement \				
☐ Head	☐ Center Left		□ Vault Cap□ Air Seal Vault Lid	☐ Cement \	√ault Cap 			
☐ Center	☐ Center Right		□ All Scal vault Eld	□ Other				
☐ Foot	☐ Bottom Left		Minimum 12 gauge galvania	Minimum 12 gauge galvanized steel:				
□ Upper Left□ Upper Right	☐ Bottom Right							
	ent Burial Type		Funeral Director Signature					
□ Crypt	71							
□ Niche								
Only Metal or Fibe	erglass Casket for Entombm	ent						

Funeral Director Signature

SERVICES							
☐ Graveside ☐ Family Will Atter ☐ Roadside ☐ Family Will Not ☐ ☐ Tent ☐ Funeral Director ☐ Chapel Mausoleum Service ☐ Funeral Director ☐ Greek Rites		Attend Will Attend Will Not Attend		Affidavit On File Affidavit Day of Interment Reservation Option Refused Callistian Guild			
Additional Remarks	:			Fees:			
		Interment Fee		\$			
		Vault Installation &	Service	\$			
Prepaid Services:		Tent		\$			
Invoice Number:	Crypt Committal		\$ \$				
Date:		Option 15% Cemetery Endo	symant Rure				
	(Places of i	nterment and Option only;	Non-refundabl	e)			
		Pre-Need Balance Tra	nsfer	\$			
		Other		\$			
		Tax		\$			
		Total		\$			
Funeral Director Signature Print	Contact/Client Signature						
Print		Print					
		USE ONLY					
	<u>Lot S</u>	<u>Sketch</u>					
	Grave Ve	erification					
Name Relationship to Deceased							
Telephone Comments	Fime of Call	_ _ _					
☐ Location varified by phase ESD					_		
☐ Location verified by phone FSR		ECD		Invoice Number:	_		
Family will exercise the right to visit the co	, , ,			FSR:	_		
Final Inscription Request Prepaid: Yes Yes No No	Invoice Number: _						