

**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: \_\_\_\_\_ Services: Y / N Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

**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: \_\_\_\_\_

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 \$ \_\_\_\_\_**

Lot Sketch ~ Office Use Only:

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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: \_\_\_\_\_