CATHOLIC CEMETERIES ASSOCIATION
DIOCESE OF CLEVELAND
Faith, Hope, and Remembrance

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: _____

Lot Sketch ~ Office Use Only:

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.

_____ or _____
Funeral Director Signature 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: _____