



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

