



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

 Funeral Director Signature

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

PLEASE PROCEED TO PAGE 2 TO CONTINUE

