

CATHOLIC CEMETERIES ASSOCIATION - INTERMENT REQUEST FORM

Notice Date: ___/___/___ **Cemetery:** _____

Funeral Home: _____ **Order placed by:** _____

Address: _____ **City:** _____ **St.:** _____ **Zip:** _____

Telephone No.(_____) _____ Fax No. (_____) _____

Deceased: _____ **Age:** ___ **Marital Status:** M S **Gender:** M F

Address: _____ **City:** _____ **St.:** _____ **Zip:** _____

Type: Adult Youth Baby Fetus **Church:** _____

Death Date: ___/___/___ **Interment Date:** ___/___/___ **Day:** _____ **Time of Arrival:** _____ a.m. p.m.

Owner: _____ **Relationship to Deceased:** _____

Ground: **Interment** - Sec. _____ Lot _____ Grave _____ O.D. X.D. O.T.

Cremains - Head Center Foot

Raise & Lower of _____

Outer Burial Container: Company : _____ Cem. Metal _____ Air Seal - **Size:** ___l___w___h

Steel outer burial container is galvanized - SIGNATURE OF F. D. : _____

Cremains Outer Burial Container: Company : _____ Cem. Marble Combination

Entombment: Section _____ Aisle _____ Crypt _____ Single Companion Tandem

Niche - Niche Size _____ Urn Size: _____

Service: Graveside Roadside Chapel Mausoleum Service Greek Rite Callistian Guild

Family will attend Family will not attend Affidavit day of Interment Affidavit on file Reservation

Option Refused **Remarks:** _____

Client/Contact: _____ **Relationship to Deceased:** _____

Address: _____ **City:** _____ **St.:** _____ **Zip:** _____

Telephone No.(_____) _____ E-Mail _____

Additional Remarks:

Charges:

Interment Fee \$ _____
 Vault Installation and Service \$ _____
 Tent or Crypt Committal \$ _____
 Option \$ _____
 15% Cemetery Care Endowment Burse \$ _____
 (Places of Interment and Option Only)
 (Non-Refundable)
 Pre-Need Balance Transfers \$ _____
 Other \$ _____

Total \$ _____

The above charges are for additional services requested by the undersigned and are due within 30 days of the notification date.

 Funeral Director
 Print: _____

or _____
 Client
 Print: _____