

INTERMENT, ENTOMBMENT, OR INURNMENT ORDER AND AUTHORIZATION

SERVICES

Location: _____ Day: _____ Date: _____ Time: _____
Time of Arrival: _____ Chapel: _____ Grave: _____ Private Delivery Only

DECEDENT INFORMATION

_____ ("Cemetery") pursuant to its rules and regulations, is hereby authorized to inter, entomb, or inurn the remains of:

First _____ Middle _____ Last _____
Date of Birth _____ Date of Death _____ Nickname (if any) _____
Latest Address _____ City _____ State _____ Zip _____
Age _____ Gender _____ Veteran: Y N Pre-need Memorialization: Y N Final Date Needed: Y N
Marital Status _____ Social Security Number _____ Name of Spouse (if applicable) _____

FUNERAL AND CEMETERY COMMITMENT SERVICE DETAILS

Interment	Entombment	Inurnment
Location _____		
Preneed	At-Need	
Type of Casket/Urn: _____	Provided By: _____	
Type of Outer Burial Container: _____	Provided By: _____	
Memorial Description: _____	Provided By: _____	
Is Cemetery Responsible for final date: Y N	Date of Birth on Preneed Memorial: _____	
Funeral Home: _____	Director: _____	
Address: _____	City: _____ State: _____ Zip: _____	
Funeral Home Phone: _____	Funeral Home Fax: _____	

CHECK IF CREMATION

If so, a copy of the Cremation Authorization may be required showing that the undersigned has the authority to deliver cremated remains.

Cremated Remains Brought to the Cemetery via _____
When _____ By Whom _____
Date Cremated Remains Received _____ By Whom _____
Dimensions of Niche _____W _____L _____H Dimensions of Urn _____W _____L _____H
Dimensions of Outer Burial Container _____W _____L _____H Tent Requested? Y(extra charge) N
Will personal artifacts be contained within the urn, niche, or outer burial container? Y N
Remarks _____

PHYSICAL LOCATION, AUTHORIZATION, AND VERIFICATION

Indicate previously made interments, entombments, or inurnments, and the placement of all memorialization surrounding the actual location to be used for decedent. The next of kin/lot owner shall place an "X" and initial the appropriate location. Indicate all spaces owned by the lot owner in which the burial will take place on reverse side or plat card.

Next of Kin: _____	Date: _____
Family Verification at Site: _____ Initials	Date: _____
Ground Foreman Verification at Site: _____ Initials	Date: _____
Lot Owner: _____	Date: _____
Office Verification at Site: _____ Initials	Date: _____

INTERMENT, ENTOMBMENT, OR INURNMENT ACKNOWLEDGEMENT AND RELEASE

The undersigned hereby certifies they have the full legal authority to direct the Interment, Entombment, or Inurnment including cremated remains of the above named Decedent and hereby authorize Cemetery to make disposition of the remains of the decedent as indicated. The undersigned hereby further certifies and represents that they are the owner(s) or authorized representative(s) of the owner(s) of the above described Interment Rights and hereby authorize use of said Interment Rights of the Interment, Entombment, or Inurnment of the remains of the herein named Decedent. The Cemetery is hereby directed to supervise installation or install any outer burial container purchased in connection with this Interment or Inurnment in the Interment Right described herein.

When cremated remains are presented to Cemetery the undersigned warrants and represents to the Cemetery that they have the full authorization from all family members including all persons listed on the Cremation Authorization to deliver such cremated remains to Cemetery and that the cremated remains are those and only those of the named Decedent.

The undersigned hereby agrees to indemnify and hold harmless the Cemetery, its agents and employees from any and all Liability, including reasonable attorney's fees, and against any loss it or they may sustain in connection with the Interment, Entombment or Inurnment authorized hereunder. The Cemetery takes great care to avoid errors, but in the event an inadvertent error does occur, the Cemetery shall have the right to correct any error in the Interment, Entombment or Inurnment, at its own expense, without any liability for such error.

Lot owner (print) _____ Relationship _____ Cell/Phone _____
Address _____
Signature _____ Email address _____

If different from lot owner

Next of Kin _____ Relationship _____ Cell/Phone _____
Address _____
Signature _____ Email address _____

List the names of survivors including parents, spouse, children, brothers and sisters.

Name _____ Address _____ Relationship _____ Cell/Phone _____
Name _____ Address _____ Relationship _____ Cell/Phone _____
Name _____ Address _____ Relationship _____ Cell/Phone _____
Name _____ Address _____ Relationship _____ Cell/Phone _____
Family Advisor _____ Management/Final Sign Off _____

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