

Burial Request Form

_____ Full Burial

OR

_____ Cremated Remains Burial

The Burial Request Form must be submitted no less than seventy-two (72) hours before the requested burial time.

Full name of individual to be interned: _____

Date of Birth: _____

Date of Death: _____

Cause of death: _____

Date of burial: _____

Time of cemetery service: _____ A.M. _____ P.M.

Type of casket/vault: _____

Name of Funeral Home: _____

Holiday burial: Yes _____ No _____

Saturday/Sunday/Monday burial: Yes _____ No _____

If cremated:

Date of Cremation: _____

Comments:

Signature of person requesting burial

Date: _____

Name of person requesting burial (Print)

Phone #: _____