

Burial Request Form

Date of Request: _____

Additional Comments:

Deceased: _____
D.O.B.: _____
D.O.D.: _____

Type of Burial: _____

Cemetery Lot #: _____

Date of Burial: _____
Time: _____

Funeral Home: _____

Tel No. _____
Fax: _____

Billing Type: _____
Resident/Non-resident
Casket/Vault or Cremains
\$\$Amount(Weekday/Weekend)

Tel No.: _____