

INTERMENT CHECKLIST

Today's Date: ____/____/____ Time: _____ Employee: _____

Funeral Home: _____ F. H. Rep: _____

Phone: (____) _____ Date of funeral: ____/____/____ Day: _____

► NOTE: If this is a cremation, please specify the date for burial of remains: ____/____/____

Name of deceased: _____ Former Name: _____

Male: ____ Female: ____ DOB: ____/____/____ DOD: ____/____/____ Age: ____

Resident: Y N Lot Owner: _____ Cemetery: _____

Section: _____ Lot #: _____ Grave #: _____

Service time: _____ Where: _____

Graveside Service: _____ Tent Service: _____ Chapel Service: _____

Arrival time at cemetery: _____ Vault Co.: _____ Type: _____

Veteran? Y N Branch: _____ Rank: _____ War: _____

Next of kin: _____ Phone: (____) _____

Check map location: Yes: ☐ No: ☐ Comments: _____

Check card request: Yes: ☐ No: ☐ _____

Check lot at cemetery Yes: ☐ No: ☐ _____

Check with family: Yes: ☐ No: ☐ _____

Amount due: _____ Amount paid: _____

Method: _____ Date: _____

Signature of family: _____

Signature of employee: _____