

Oak Ridge Cemetery Interment Record

Deceased _____ M/FM _____

Last Residence _____ Veteran _____

_____, _____ Branch of Service _____

Location of Cremation on grave _____ Cremation Tent and Chairs _____

Name of Lot Owner _____

Date of Birth _____ Date of Death _____ Age _____

Day & Date of Burial _____ Time _____ At _____

Receptacle _____ Size _____

Funeral Home/Family _____

Pall Bearers: There is a charge of between \$100 to \$200 per pall bearer. This cost is payable by the funeral home.
Oak Ridge Cemetery staff Pall Bearers requested: _____ # Requested _____

Next of Kin _____ Relationship _____

Address _____ Phone # _____

_____, _____ Email _____

Charge to _____ Per _____

Special Instructions _____

Waiver Please circle I or WE depending on the number of people signing.

I / WE certify that I / WE have the legal authority to authorize the interment of the above mentioned deceased. I / WE also certify and represent that all other person(s) who have an interest in the above mentioned interment know of the action and are in agreement with it. I / WE waive the right verify the grave location stated above and agree to its accuracy. I / WE also agree that I / WE will indemnify and hold Oak Ridge Cemetery and its managment harmless and immune from all claims for damages which might arise because of said authorization and interment of the above mentioned deceased in the above mentioned grave. I / WE understand that we will be held responsible for any additional charges that may arise from waiving MY / OUR rights including but not limited to disinterment and reinterment charges for the above mentioned deceased.

Signed _____

Notary: Subscribed and sworn before this _____ day of _____

Electronic Notary Stamp (if available)

Notary signature

Commission Expires