

Oak Ridge Cemetery Interment Record

Deceased _____ M/FM _____

Last Residence _____ Veteran _____
 _____, _____ Branch of Service _____

Block _____ Lot _____ Grave _____

Location of Cremation on grave _____

Name of Lot Owner _____

Date of Birth _____ Date of Death _____ Age _____

Day & Date of Burial _____ Time _____ At _____ Grave _____

Receptacle _____ Size _____

Funeral Home _____ Funeral Home (Out) _____

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 # _____

_____, _____ Phone # _____

Charge to _____ Per _____

Special Instructions _____

Waiver

I certify that I have the right to make this authorization, I waive the right to verify the interment location. I understand that by waiving my right to verify the grave location I will be held responsible for any additional charges that may occur regarding this burial and agree to hold Oak Ridge Cemetery blameless because of said authorization.

Signed* _____

Notary: Subscribed and sworn before this _____ day of _____, 20 _____

Notary Stamp

Notary signature _____

Oak Ridge Cemetery Charges and Requests			
Lot Charges:	_____	_____	\$ _____
Interment: Receipt	_____	_____	\$ _____
Vault: Receipt	_____	_____	\$ _____
2nd Right: Receipt	_____	_____	\$ _____
Final Date: Receipt	_____	_____	\$ _____
Pall Bearers: # Requested:	_____	_____	\$ _____
\$100 per pall bearer Monday thru Friday. \$200 for per pall bearer on holidays or weekends.			
Other Charges	_____	_____	\$ _____
			Total \$ _____
			UI & Payment Amounts \$ _____
			Amount Owed \$ _____
Family Number	_____	Burial Card:	<input type="checkbox"/>
ICOD #	_____	Lot Card:	<input type="checkbox"/>