

Oak Ridge Cemetery Interment Record

Deceased _____ M/FM _____

Last Residence _____ Veteran _____

_____, _____ Service _____

Block _____ Grave _____ Section _____ Range _____

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 _____ ORC Tent and Chairs _____

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* _____ Date _____

Notary: Subscribed and sworn before this _____ day of _____

Notary Stamp

Notary signature

Oak Ridge Cemetery Charges and Requests			
Lot Charges:			\$ _____
Interment Receipt	_____	_____	\$ _____
Vault 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"/>