

# Oak Ridge Cemetery Interment Record

Deceased \_\_\_\_\_ M/FM \_\_\_\_\_

Last Residence \_\_\_\_\_ Veteran \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_ Service \_\_\_\_\_

Block \_\_\_\_\_ Columbarium \_\_\_\_\_ Niche \_\_\_\_\_ Tier \_\_\_\_\_

Location of Cremation on grave \_\_\_\_\_

Name of Lot Owner \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_

Day & Date of Burial \_\_\_\_\_ Time \_\_\_\_\_ At \_\_\_\_\_ Chapel \_\_\_\_\_

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"/>