Harleigh Cemetery
Grave, Crypt, Niche-Interment/Entombment Authorization Form

I.

TODAY'S DATE:_____

FUNERAL HOME: _____

CONTACT NAME: _____

ADDRESS:_____

CITY: _____ST:_____ ZIP: _____

PHONE: ( ) _____

FAX: ( ) _____

EMAIL ADDRESS: _____

II.

NAME OF DECEASED: _____

LAST ADDRESS: _____APT:_____

CITY: _____ST:_____ ZIP:_____

DOB: _____ DATE OF DEATH: _____

VETERAN: YES NO BRANCH: _____

DID YOU SERVE IN WAR TIME: YES NO

WHICH WAR: _____

IV.

CONTRACT# _____

BURIAL DATE:_____DAY:_____

ARRIVAL TIME: _____ AM / PM

NEXT OF KIN: _____

RELATIONSHIP: _____
(Husband / Wife /Son/Daughter)

ADDRESS: _____APT:_____

CITY:_____ST: _____ZIP:_____

PHONE: ( ) _____

NEXT OF KIN: _____

RELATIONSHIP: _____
(Sister/Brother)

ADDRESS: _____APT:_____

CITY:_____ST: _____ZIP:_____

PHONE: ( ) _____

DEED HOLDER: _____
(MUST BE NEXT OF KIN)

DEED # _____

III.

IF SECOND INTERMENT

- CONFIRMED LOCATION WITH PROBE_____
  24 HOURS IN ADVANCE Manager's Initials

SECTION: _____

BLOCK: _____ LOT: _____

GRAVE: _____

TYPE OF SPACE: NT RE DEED INFANT

DEALER INFORMATION: _____

VAULT: (CIRCLE ONE) YES NO

- IF YES & OVERSIZED
  OUTSIDE DIMENSIONS: _____

DEPTH: _____

LOWER & COVER: $125.00 YES NO

BUILDING : _____ SECTION: _____

ROW: _____ LEVEL:_____

ATTACHED TO SHEET AND REMOVED VENT CAPS_____
Manager's Initials

CASKET COLOR: _____ SEALED: YES NO

OTHER:_____

V.

ADDITIONAL NEXT OF KIN: (IF MORE THAN 2 OR MORE BROTHER/SISTERS)

NAME: _____

RELATIONSHIP:_____
(Sister/Brother)

ADDRESS: _____

CITY: _____ ST:_____ZIP:_____

VI.

GRAVE PRICE: $ _____

INTERMENT/
ENTOMBEMENT PRICE: $ _____

OTHER CHARGES: $ _____

TOTAL COST: $ [illegible]

CASH CHECK# _____

CREDIT CARD# _____ MC VISA DIS

INFORMATION TAKEN BY:_____