



## REGISTRATION OF INTERMENT

Today's Date

\_\_\_\_\_, 20\_\_\_\_

**Deceased:** *(Full Name)*

\_\_\_\_\_

Last known address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Veteran: Yes \_\_\_\_\_ Service Branch \_\_\_\_\_ Era \_\_\_\_\_ No. \_\_\_\_\_

Cemetery: \_\_\_\_\_

Section \_\_\_\_\_ Lot \_\_\_\_\_ Space \_\_\_\_\_

Burial Type: Embalmed \_\_\_\_\_ Cremation \_\_\_\_\_

Child \_\_\_\_\_ Adult \_\_\_\_\_

**Funeral Home:** \_\_\_\_\_ **Director:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_ **Time of Service:** \_\_\_\_\_

Evidence of Purchase: \_\_\_\_\_

Signature: \_\_\_\_\_

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**Complete and submit at least 3 days prior to schedule funeral date.**

**Include BURIAL WORK SHEET, if needed**

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