



## NOTICE OF INTERMENT

Full Name of Deceased		
Permanent Address of Deceased		
Date of Death	Age at Death	
Place of Death	Occupation	
Day & Date of Funeral	Time of Arrival at Cemetery	
New <input type="checkbox"/>	Reopen <input type="checkbox"/>	Grave <input type="checkbox"/>
	Casket Plot <input type="checkbox"/>	Casket into Grave <input type="checkbox"/>
Section Number	Plot Number	Name of Person(s) already interred
Officiating Minister (Name and Parish)		
Full Name, Address and Telephone Number of Applicant		
Funeral Directors Name, Address and Telephone Number		

I hereby consent to the foregoing application

Signature of Applicant ..... Date .....

Signature of Funeral Director ..... Date .....