

Oak Ridge Cemetery Interment Record

Deceased _____ M/FM _____

Last Residence _____ Veteran _____

City, State & Zip _____, _____ Branch of Service _____

Block _____ Lot _____ Grave _____

Location of Cremation on grave _____ Deluxe Cremation Service No

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 of Town) _____

Pall Bearers: There is a charge of between \$100 to \$200 per pall bearer. Oak Ridge Cemetery staff Pall Bearers requested: _____ # Requested _____

Next of Kin _____ Relationship _____

Address _____ Phone # _____

_____, _____ Email _____

Funeral Director: Please provide the name, telephone number, and the relationship to the deceased of the individual that will be responsible for making the arrangements at Oak Ridge Cemetery: _____

Special Instructions _____

Charge to: Family _____ Funeral Home _____ Per: _____

Waiver _____ Please circle I or WE depending on the number of people signing.

I / WE certify that I / WE have the legal authority to authorize the interment of the above mentioned deceased. I / WE also certify and represent that all other person(s) who have an interest in the above mentioned interment know of the action and are in agreement with it. I / WE waive the right verify the grave location stated above and agree to its accuracy. I / WE also agree that I / WE will indemnify and hold Oak Ridge Cemetery and its management harmless and immune from all claims for damages which might arise because of said authorization and interment of the above mentioned deceased in the above mentioned grave. I / WE understand that we will be held responsible for any additional charges that may arise from waiving MY / OUR rights including but not limited to disinterment and reinterment charges for the above mentioned deceased.

I / WE understand that this interment form only records one interment. Therefore, a separate form and fee is required for any additional interments. I / WE attest that there is only one deceased being interred at the time of this acknowledgement. _____ (initials)

Signed* _____ Date _____