

# 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 \_\_\_\_\_

*In the event that any signature is delivered by facsimile transmission or by email deliver of a ".pdf" format data file, such signature shall create a valid and binding obligation of the party executing (on whose behalf such signature is executed) with the same force and effect as if such facsimile or ".pdf" signature page were an original thereof.*