Oak Ridge Cemetery Interment Record

Deceased			_M/FM
Last Residence			Veteran
City, State & Zip			Branch of Service
Block	Lot Grave	e	_
Name of Lot Owner			
Date of Birth	Date of Death	າ	Age
Day/Date of Burial		_ Time	At
Receptacle		Size	
Location of Cremation of	on grave	Е	Deluxe Cremation Service uneral Home
Funeral Home			Out of Town)
Next of Kin			Relationship
Address		_	Phone #
		Email	
· ·	name, telephone number, and the relationship to the deceased of the ing the arrangements at Oak Ridge Cemetery:		
Special Instructions - Office			
<u>Waiver</u>			
interest in the above mentioned inter accuracy. I also agree that I will inde because of said authorization and int	y to authorize the interment of the above mentioned decease ment know of the action and are in agreement with it. I waiv emnify and hold Oak Ridge Cemetery and its management ha terment of the above mentioned deceased in the above ment om waiving my rights including but not limited to disinterm	e the right to rmless and i tioned grave	o verify the grave location stated above and agree to its immune from all claims for damages which might arise . I understand that we will be held responsible for any
	orm only records one interment. Therefore, a separate for ing interred at the time of this acknowledgment.	m and fee i	s required for any additional interments. I attest (initials)
Signed*		_ Date	·
	delivered by facsimile transmission or by email deliver of a xecuting (on whose behalf such signature is executed) v ereof.		
Affidavit/File #	Cr	eated by:	: Approved by: