

Oak Ridge Cemetery Interment Record

Deceased _____ M/FM _____

Last Residence _____ Veteran _____

_____, _____ Branch of Service _____

Location of Cremation on grave _____ Cremation Tent and Chairs _____

Name of Lot Owner _____

Date of Birth _____ Date of Death _____ Age _____

Day & Date of Burial _____ Time _____ At _____

Receptacle _____ Size _____

Funeral Home/Family _____

Pall Bearers: There is a charge of between \$100 to \$200 per pall bearer. This cost is payable by the funeral home.

Oak Ridge Cemetery staff Pall Bearers requested: _____ # Requested _____

Next of Kin _____ Relationship _____

Address _____ Phone # _____

_____, _____ Email _____

Charge to _____ Per _____

Special Instructions _____

Waiver

_____ certify that I have the right to make this authorization, _____ waive the right to verify the interment location.

_____ understand that by waiving my right to verify the grave location _____ will be held responsible for any

additional charges that may occur regarding this burial and agree to hold Oak Ridge Cemetery blameless because of said authorization.

Signed _____

Notary: Subscribed and sworn before this _____ day of _____

Electronic Notary Stamp (if available)

Notary signature

Commission Expires