

FUNERAL HOME _____ SERVICE REQUEST # _____

CEMETERY _____ GARDEN/SECTION _____ LOT/TIER _____ SPACE/CRYPT _____

LOT OWNER _____ DECEASED NAME _____

GRAVE MARKED _____ TYPE OF PLOT: SINGLE (4) GRAVES (8) GRAVES

VAULT TYPE CONCRETE STEEL (CITY APPROVED VAULTS ONLY)

PLACEMENT OF URN ON PLOT
 UPPER MIDDLE LOWER

CREMATION: YES NO URN DIMENSIONS _____

GRAVESIDE SERVICE YES NO GRAVESIDE ARRIVAL TIME _____

OVERSIZE GRAVE YES NO IF YES, VAULT DIMENSIONS _____

UNDERSIZE GRAVE (3 feet or less) YES NO IF YES, VAULT DIMENSIONS _____

DATE OF BURIAL _____
DAY DATE

REQUESTED INFO (from FH) _____

FUNERAL HOME SIGNATURE _____

Effective July 1, 2024, wait time will be billed at a rate of \$150 per hour when the funeral director does not comply with the arrival time as indicated on the service request. Burials and/or interments shall not be held on New Year's Day, Easter Sunday, Thanksgiving Day, and Christmas Day. Credit card on file will be automatically charged for any fees that may occur for the above cemetery service request.

| | | | |
|---|---------|--|-------|
| Grave/crypt open/close (M-F, 8 a.m.-4 p.m.) | \$900 | Late fee (after 4 p.m.) | \$150 |
| Grave/crypt open/close (weekend/holiday, 8 a.m.-4 p.m.) | \$1,150 | Wait time per hour | \$150 |
| Cremation/Niche/Undersize Open/Close (M-F, 8 a.m.-4 p.m.) | \$425 | Vault disinterment \$1,600; Urn disinterment \$800 (M-F, 8 a.m. - 3 p.m. ONLY) | |
| Cremation/Niche/Undersize Open/Close (weekend/holiday, 8 a.m.-4 p.m.) | \$550 | | |

Date _____ Amount received _____ Approved by _____

Emergency contact numbers — Please call Buildings & Grounds in this order:
1. 214-4202
2. 214-8235
3. 329-4300

| FOR STAFF USE ONLY | NAME | DATE | TIME |
|--|------|------|------|
| <input type="checkbox"/> PROBE GRAVE <input type="checkbox"/> PROBES CLOSED | | | |
| S/R REC'D FROM FH BY | | | |
| <input type="checkbox"/> S/R EMAILED TO STAFF <input type="checkbox"/> CC: DT/SC | | | |
| GRAVE LAID OFF | | | |
| <input type="checkbox"/> PIC <input type="checkbox"/> LAID OFF CONFIRMED BY SUPV | | | |
| GRAVE S/R FORM VERIFIED BY | | | |
| GRAVE DUG | | | |
| ACTUAL GRAVESIDE ARRIVAL TIME | | | |

Pre Need _____ System W/O# _____ Blue Book Fax/Email FH _____ Docs/WO Scanned