

**INTERMENT OF ASHES**

**Legal Name of the Deceased:** \_\_\_\_\_

**Residence:** \_\_\_\_\_

**Place of Death:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_

**Date & Place of Interment:** \_\_\_\_\_

**Person Officiating:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Payment for Plaque/Installation: \$250**

**Date of Burial & Person Burying Ashes:** \_\_\_\_\_

\_\_\_\_\_