

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: \$350

Date of Burial & Person Burying Ashes: _____
