|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **catholic cemeteries**  **enter name of cemetery or parish**  **burial form** | | | | |
| **Owner ID#** | | | Owner Name: | |
| Deceased First Name: | | | Deceased Last Name: | |
| Next of Kin:  Relationship to Deceased: | | | DOB:  DOD: | |
| Address:  City: State: ZIP: | | | Date of  Interment: | |
| Phone: | | | Time of Service: | |
| Funeral Home: | | | Place of Service: | |
| Type & Size of Vault: | | | Graveside Service: ⁯  Chapel Service: ⁯ | |
| Religion of Deceased: | | | If not Catholic, approval received? Yes ⁯ No ⁯ | |
| Block: Section: Lot: Grave #:  Crypt: Niche: Tier/Row: Corridor: | | | | |
| **CHARGES** | | | |
| GRAVE SPACE  ICGRAVE | | **\_\_\_\_\_\_\_\_** | |
| INTERMENT | |  | |
| VAULT HANDLING | |  | |
| Veteran Yes No | CREMATION VAULT VAULT | **\_\_\_\_\_\_\_\_** | |
| Honor Guard Yes No | ENSURE-A SEAL |  | |
| TAG # | FINAL DATING  ENGRAVING | **\_\_\_\_\_\_\_\_** | |
| OTHER | |  | |
| TOTAL CHARGES | | PAID: | |

**OFFICE STAFF**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CEMETERY CARDS / ERASER BOARD |  |  | ATTACH OBIT FROM NEWSPAPER |  |
| MAKE NEW FILE FOLDER IF NEEDED |  | | WORK ORDER GIVEN TO FIELDWORKER |  |
| CHANGE PRE-NEED TO AT NEED – HMIS |  | | RECORDED IN RED DATE BOOK |  |
| CHANGE PRE-NEED TO AT NEED - QB |  | | CHECK ACCESS FOR DECEASED NAME |  |
| GENERATE BILLING ON QUICKBOOKS |  | | INPUT NEXT OF KIN INTO ACCESS |  |
| INPUT INFO ON COMPUTER |  | | SEND MASS CARD TO FAMILY |  |
| HMIS CONTRACT |  | | SEND BEREAVEMENT LETTER TO FAM. |  |
| RECEIVE SIGNED AUTHORIZATION |  | | ILCOD |  |

**FIELD STAFF**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Marker on grave? | Y N | Foundation needed? | Y N | Funeral Supervisor’s Initials: |
| INITIALS DATE  TAMP\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  MAT \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  F:/2014.word doc/forms/ (burial form) | | | | |