|  |
| --- |
| **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 ofInterment: |
| 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 SPACEICGRAVE | **\_\_\_\_\_\_\_\_** |
| 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 DATETAMP\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_MAT \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_F:/2014.word doc/forms/ (burial form) |