

Catholic Cemeteries Removal Order

DATE _____ DAY _____

S.R. _____ Removal Date _____ Time _____

Order received from: _____ Name _____ Address _____ Home Phone _____
Work Phone _____

DECEASED: _____
OUTER CONTAINER
1. _____
2. _____
3. _____
4. _____

DESCRIBE HOLDINGS, FROM AND TO, BELOW.
Grave Lot Block Section Cemetery Owner L/D
OR
Crypt Tier Cemetery Owner L/D
From _____
To _____
From _____
To _____
From _____
To _____
From _____
To _____

VACATED HOLDING
TO BE ASSIGNED: 9 Yes 9 No

TRANSPORTATION BY _____

MEMORIALS:
Type _____
Size _____
Remove Foundation _____

Disposition (complete information including dates)

CHARGES
Disinterment/Reinterment \$ _____
Outer Container _____
Type _____ Size _____
Transportation _____
Memorial Removal _____
Foundation Removal _____
Unpaid Lot Charges _____
(Including Income Care)
New Foundation _____
Memorial Erection _____

Total Charges \$ _____
CREDIT:
Vacated Lot/Grave/Crypt \$ _____

Total Credits \$ _____
Balance Due _____

HEIRSHIP

FOR OFFICE USE ONLY: To be completed before removal is made (delete those not applicable).

| | |
|--|--|
| <input type="checkbox"/> _____ Date Completed | <input type="checkbox"/> _____ Date Completed |
| <input type="checkbox"/> Authorization | <input type="checkbox"/> Memorial Removed |
| <input type="checkbox"/> Old Easement Returned | <input type="checkbox"/> New Vault / Grave |
| <input type="checkbox"/> D/R Permit to Reg. ordered | <input type="checkbox"/> Box |
| <input type="checkbox"/> Memorial Removal Permit | <input type="checkbox"/> Trans. Scheduled |
| | <input type="checkbox"/> Records Changed |
| <input type="checkbox"/> Memorial Erection Permit | <input type="checkbox"/> Lot Card |
| <input type="checkbox"/> Charges Paid | <input type="checkbox"/> Int. Card & Reg. |
| <input type="checkbox"/> Field Order Prepared | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Persons Notified | <input type="checkbox"/> To Document File |