

Memorial Information

Name and Address of Cemetery/Crematorium preferred:

Telephone:

Do You Now Own Cemetery/Crematorium Property eg a grave? Yes No

If Yes, in whose name is the property registered?

If Yes, Location of Deed/Receipt

(do not keep in safety deposit box)

If Yes, Location of Property within Cemetery/Crematorium:

I Own/Prefer (delete one):

Burial: Grave Crypt Family Estate

Cremation: Wall Niche: Rose Garden Family Estate:

Should the Coffin/Casket be placed into a Protective Burial Vault? Yes No

Do you want the Family to be present when the Coffin/Casket is placed into the Grave or Crypt?

Yes No

Would you prefer that Family attend Services in: Own Car(s): Mourning Cars

Type of Memorial Desired: Family Double Single

Additional Remarks:
