FINAL DISPOSITION

☐ INTERMENT ☐ ENTOMBMENT ☐ CREMATION

DAY-DATE HOUR

Cemetery/Crematory

City-Town State/Zip County

Grave No. Lot Section Block

Lot Owner Lot Purchased: ☐ Pre-Need ☐ At Need

Outer Container/Vault Provided By Marker

Disposition of Cremated Remains

ADDITIONAL INFORMATION

Newspaper Notices In:

Flowers to order

Hairstyling

Jewelry Glasses

Clothing

Other

Date Requested	CERTIFIED COPIES FOR	Quan.	Completed

BILLING TO

Estate's Attorney

Reason Family Selected F.H.:

MORTUARY RECORD

CASKET NAME/NO.

Manufacturer Material

Exterior Color Interior

OUTER CONTAINER

URN

Other

POST-MORTEM EXAMINATION ☐ No ☐ Yes BY:

REMOVAL BY

EMBALMING AUTHORIZATION ☐ No ☐ Yes EMBALMING BY:

FUNERAL DIRECTOR