

GRAVE OPENING REQUEST

Name of Deceased: _____, _____, _____
(last name) (first name) (middle initial)

Date of Death: ____/____/____ Town & State of Death: _____

Veteran: Yes ^{or} No Name of War: _____

Date of Burial: ____/____/____ (circle one) Sun Mon Tues Wed Thurs Fri Sat

Time of Burial: ____:____ AM ^{or} PM Graveside Service: Yes ^{or} No

Full Grave ^{or} Cremation Vault: Cement ^{or} Plastic

FOREST HILLS CEMETERY ^{OR}
 FOREST HILLS CEMETERY ANNEX ^{OR}
 OTHER CEMETERY (PLEASE SPECIFY) _____

Road Name/Section & Lot #: _____

Location of Burial on Lot: _____

Special Instructions/Notations: _____

Date of Request: ____/____/____

Requested by (Funeral Director or Authorized Agent): _____

Funeral Home (or relationship): _____

Telephone: (____) _____ - _____ E-mail: _____

PRIVATE BURIAL (CREMATION ONLY)

FOR MUNICIPAL USE ONLY

Grave Opening Fee \$ _____
Administration Fee Yes -or- No + \$50.00
Total Due \$ _____
Date Paid ____/____/____
^{or} Private Burial/Informational Use Only

Clerk Receiving Information: _____

Date of Receipt: ____/____/____

Notes: _____