

# GRAVE OPENING REQUEST

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

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Town & State of Death: \_\_\_\_\_

Veteran:  Yes <sup>or</sup>  No Name of War: \_\_\_\_\_

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

Time of Burial: \_\_\_\_:\_\_\_\_ AM <sup>or</sup> PM Graveside Service:  Yes <sup>or</sup>  No

- Full Grave
  - Vault:  Cement <sup>or</sup>  Plastic
  - Size of Vault: length \_\_\_\_ width \_\_\_\_, height \_\_\_\_, depth \_\_\_\_
- Cremation {VAULT REQUIRED AS OF 07.27.2023}
  - Size of Urn: length \_\_\_\_ width \_\_\_\_, height \_\_\_\_, depth \_\_\_\_

- FOREST HILLS CEMETERY <sup>OR</sup>
- FOREST HILLS CEMETERY ANNEX <sup>OR</sup>
- 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: \_\_\_\_\_

Grave Opening Fee \$ \_\_\_\_\_  
 Administration Fee  Yes -or-  No + \$50.00  
 Total Due \$ \_\_\_\_\_  
 Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Burial Permit Complete   
 Documents Submitted to State

Information Received By: \_\_\_\_\_  
 Date of Receipt: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Notes: \_\_\_\_\_  
 TIMS Program