

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

Vault: ☐ Cement ^{or} ☐ 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 ^{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: _____

Grave Opening Fee \$ _____

Administration Fee ☐ Yes -or- ☐ No + \$50.00

Total Due \$ _____

Date Paid ____/____/____

Burial Permit Complete ☐

Documents Submitted to State ☐

Clerk Receiving Information: _____

Date of Receipt: ____/____/____

Notes: _____

☐ TIMS Program