

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
 - 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