

INTERMENT ARRANGEMENT REQUEST

DIOCESAN CEMETERIES **HOLY SAVIOUR** **RESURRECTION**
610-454-8743 *emal -lhilianbrand@yahoo.com* Ph# 610-866-2372 Ph# 610-395-3819
Time: _____ am/pm Date: ____ / ____ / ____ Fx# 610-866-9277 Fx# 610-366-3713

FUNERAL HOME: _____ DIRECTOR: _____
Ph# _____ Fax# _____ email: _____

DECEASED'S INFORMATION

NAME: _____ Age: _____ Date of Death: _____

ADDRESS: _____
STREET CITY STATE ZIP

DETAILS

DATE for Interment /Entombment /Inurnment: ____ / ____ / ____ Arrival Time: _____

SECTION# _____, RANGE# _____, LOT# _____, GRAVE# _____

BUILDING# _____ LEVEL _____ CRYPT# _____ / NICHE# _____

Baby / Cremation: \$ _____ Single Depth: \$ _____ Double Depth: \$ _____

Saturday Charge: \$250 _____

Entombment: \$ _____, VAULT DEALER: _____ TYPE: _____

If Ordering a Vault From the Cemetery The Year of Birth is Needed : _____

TENT: Yes / No / Will call? \$ _____ Must Call at least 2 hours before service for tent!

MASS / SERVICE TIME? _____, LOCATION: _____

LOT OWNER NAME _____ PH# _____

ADDRESS _____

PERSON MAKING ARRANGEMENTS WITH FUNERAL HOME:

NAME _____ PH# _____

ADDRESS _____

DECEASED'S SURVIVING RELATIVES – NAMES AND PHONE NUMBERS

SPOUSE _____

CHILDREN _____

**SIGNATURE OF LOT HOLDER, SPOUSE, CHILD or PERSON(S) IN CHARGE OF ESTATE
(REQUIRED)** _____

NAME OF PERSON COMPLETING THIS FORM _____

Two Business days notice required. Funeral must arrive by 2:30PM. Call with special requests or needs.