

INTERMENT ARRANGEMENT REQUEST

DIOCESAN CEMETERIES *circle one* **HOLY SAVIOUR / RESURRECTION**
610-454-8743 email lhillanbrand@allentowndioces.org 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 _____ Cell# _____ email: _____

DECEASED'S INFORMATION

NAME: _____ Age: _____ Date of Death: _____

ADDRESS: _____
STREET CITY STATE ZIP

WHEN & WHERE

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

Ground burial: Section _____ Range _____ Lot _____ Grave _____

Entombment; Building _____ Level _____ Crypt or Niche _____

DETAILS

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

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

TENT Y / N \$ _____ Must Call at least 2 hours before service for tent!

MASS Y / N 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.