

INTERMENT ARRANGEMENT REQUEST

DIOCESAN CEMETERIES (Please Check) - \_\_\_ HOLY SAVIOUR / \_\_\_ RESURRECTION.

Email: [bpplama@allentowndiocese.org](mailto:bpplama@allentowndiocese.org) - Ph# 610-866-2372/ Ph# 610-395-3819

Time \_\_\_ am/pm Date \_\_\_/\_\_\_/\_\_\_ Fax# 610-866-9277/ Fax# 610-366-3713

Funeral Home: \_\_\_\_\_ Director: \_\_\_\_\_  
Phone# \_\_\_\_\_ 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 \_\_\_\_\_

Other interment: Building \_\_\_\_\_ Side \_\_\_\_\_ Level \_\_\_\_\_ Crypt/Niche \_\_\_\_\_

Details

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

Entombment: \$ \_\_\_\_\_ Vault Dealer: \_\_\_\_\_ Type: \_\_\_\_\_

**SATURDAY** Charge (\$495.00) \$ \_\_\_\_\_

**TENT** Charge (\$395.00) Y / N \$ \_\_\_\_\_ MUST Call at least 2 hours before service for tent! \*Weather permitting\*

MASS - Y / N Time: \_\_\_\_\_ Location: \_\_\_\_\_

LOT OWNER NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\*PERSON MAKING ARRANGEMENTS WITH FUNERAL HOME:

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Email: \_\_\_\_\_

\*DECEASED'S SURVIVING RELATIVES - NAMES AND PHONE NUMBERS

SPOUSE: \_\_\_\_\_

CHILDREN: \_\_\_\_\_

\*Signature of Lot Holder, Spouse, Child, or Person(s) in charge of the Estate

Required: \_\_\_\_\_ Date: \_\_\_\_\_

\*Name of Person Completing This Form: \_\_\_\_\_

\*\*\*\* Two Business days' notice required. Funerals must arrive by 2:30 pm\*\*\*\*