

INTERMENT ARRANGEMENT REQUEST

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

Email: 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 (\$595.00) \$ _____ Year of Birth needed if ordering cemetery vault _____

TENT Charge (\$495.00) 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****