LAKEVIEW CEMETERY BURIAL ORDER

FORM MUST BE FILLED OUT <u>COMPLETELY</u> OR BURIAL WILL NOT BE SCHEDULED

Fax Completed Burial Order to 585-637-3321

DATE OF BURIAL _____   ARRIVAL TIME _____

DATE TO VAULT _____   ARRIVAL TIME _____
(Winter Months Only)

NAME OF DECEASED _____
(**EXACTLY** As it appears on burial, cremation or transit permit)

DATE OF DEATH _____   AGE _____

TYPE OF BURIAL
    Traditional _____   Cremains _____   Child _____

LOCATION
    Section _____   Lot or Row # _____   Grave # _____

GRAVEOWNERS NAME _____   RELATIONSHIP _____

MARKER/STONE IN PLACE ?   Yes _____   No _____

VETERAN   Yes _____   No _____   MISC. _____
    (Honor Guard, etc)

FUNERAL HOME _____   PHONE: _____
(Print Licensed Funeral Firm Name)

TYPE OF VAULT: _____

FUNERAL DIR. MAKING DELIVERY:

_____   _____
(Print Name)   *(Director's Reg. #)*

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Do Not Write Below This Line - Town of Sweden Use Only

PLEASE MAKE ALL CHECKS PAYABLE TO <u>TOWN OF SWEDEN</u>

FUNDS RECEIVED

Lot Sale	$ _____
Interment Fee	$ _____

RECEIVED FROM: _____

Vault Fee	$ _____
Overtime	$ _____

CHECK # _____   **TOTAL** _____

BURIAL TRANSIT PERMIT
COPIED?   Yes _____   No _____   Cremains _____

BODY DELIVERY RECEIPT
COMPLETED   Yes _____   No _____

Entered into Computer System _____
(Date)