LAKEVIEW CEMETERY BURIAL ORDER
FORM MUST BE FILLED OUT COMPLETELY 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 TOWN OF SWEDEN

Funds Received

<table>
<thead>
<tr>
<th>Lot Sale</th>
<th>$</th>
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<tbody>
<tr>
<td>Interment</td>
<td>$</td>
</tr>
<tr>
<td>Vault Fee</td>
<td>$</td>
</tr>
<tr>
<td>Overtime</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
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</tbody>
</table>

RECEIVED FROM: ________________________________

CHECK # __________________

BURIAL TRANSIT PERMIT COPIED? Yes ________ No ________ Cremains ________

BODY DELIVERY RECEIPT COMPLETED Yes __________ No __________

Entered into Computer System (Date)