Flevation	Entombroant or Interment #	-	Estambase or interment #
	Contract #	Lot Card/Map	Contract #
NAME			
ADDRESS		ADDRESS	
PARISH		PARISH	
DATE OF DEATH		DATE OF DEATH	
AGE & D.O.B		AGE & D.O.B	
BIRTHPLACE		BIRTHPLACE	
COVID-19 DEATH?		COVID-19 DEATH?	
FUNERAL Date/Time/Location		FUNERAL Date/Time/Location	
FUNERAL HOME		FUNERAL HOME	
NEXT OF KIN ADDRESS & PHONE #		NEXT OF KIN ADDRESS & PHONE #	
WHO TO BILL? OR PRE-PAID?		WHO TO BILL? OR PRE-PAID?	
BILLING FOR: (SERVICE & AMOUNTS)		BILLING FOR: (SERVICE & AMOUNTS)	
DATE & TIME OF ENT./INT./INURN		DATE & TIME OF ENT./INT./INURN	
WITNESS???	Family? Funeral Director?	WITNESS???	Family? Funeral Director?
CHAPEL SERVICE?		CHAPEL SERVICE?	
LOCATION		LOCATION	
CASKET OR URN		CASKET OR URN	
BURIAL VAULT USED		BURIAL VAULT USED	
TYPE OF GRAVE MARKER, MONUMENT OR MEMORIAL		TYPE OF GRAVE MARKER, MONUMENT OR MEMORIAL	