

Elevation Entombment or Interment # _____
 Lot Card/Map Contract # _____

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

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