INTERMENT/ENTOMBMENT AUTHORIZATION

Phone: (610) 929-2613
Fax: (610) 929-4233
Website: www.gethcem.com
Email: web@gethcem.com

CALL DATE: _____ *TIME:* _____

*NAME OF DECEASED:*_____*D.O.B.:* _____*D.O.D*: _____

ADDRESS: _____

FUNERAL HOME: _____ **CALLER:** _____**TEL. #:** _____

SECTION: _____*LOT/CRYPT/NICHE*: _____*GRAVE#/TIER*:_____

RECORDED OWNER: _____ **DEED NO.:** _____

SPOUSE: _____**FATHER:**_____**MOTHER:** _____

DATE & DAY OF FUNERAL: _____**SERVICE/MASS - TIME:**_____

SERVICE/LOCATION: _____ **APPROX. TIME OF ARRIVAL:** _____

COMMITTAL SERVICE:☐*MAUSOLEUM* ☐*GRAVESIDE*   **TENT:**☐ *YES*☐*NO* ☐ *WILL CALL*

☐*TRADITIONAL* ☐*CREMATION*   ☐ *INFANT*   ☐ *ENTOMBMENT*   ☐ *CREMATION ENTOMBMENT*

VAULT DEALER: _____**TYPE OF VAULT/URN:** _____ **SIZE:** _____

FAMILY CONTACT PERSON: _____ *RELATIONSHIP*: _____

ADDRESS: _____

TELEPHONE: (1)_____ (2)_____ **EMAIL**: _____

TOTAL CEMETERY CHARGES: $ _____ **DUE:**_____ **R.P.:** _____

COMMENTS/CHANGES:_____

_____

The undersigned, intending to be legally bound hereby, certify that I am legally authorized to direct the interment or entombment of, the above named Decedent. I acknowledge that interment or entombment is subject to the Gethsemane Cemetery "Rules and Regulations". Subject to those rules and regulations, you are hereby authorized, to inter/entomb the remains of the above named Decedent in the lot/crypt listed above. I certify that the lot/crypt location is correct. I further agree to pay for all of the above charges set forth within thirty (30) days, unless otherwise agreed to in writing, after which a FINANCE CHARGE at a rate of 1.5% per month (ANNUAL PERCENTAGE RATE OF 18%) will be added to the balance or any portion thereof unpaid on the last day of each month. I understand that services require a 48-hour notice (Not including Sundays, Holidays or Holy Days) and services will not be confirmed until this signed authorization is received by Gethsemane Cemetery. All Funerals must be in the cemetery by 2:30 P.M. Weekday – 12:00 Noon Saturday.

_____   _____   _____
Signature of Authorized Representative   *Print Name/Relationship*   *Date*

OFFICE USE ONLY Double Depth: ☐Yes☐No	BURIAL I.D. # _____
Layout _____ _____	
Open _____ _____	Flagged: _____ Layout: _____
Setup _____ _____	Vault: _____Final Check: _____
Close _____	Complete: _____
Comments: _____	