

LAKEVIEW CEMETERY BURIAL ORDER

FORM MUST BE FILLED OUT COMPLETELY OR BURIAL WILL NOT BE SCHEDULED
Email Completed Burial Order to Hwyclerk@townofsweden.org or Fax 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/Casket _____ Cremains/Ashes _____
(Please provide Original Cremation Certificate)

GRAVE LOCATION: Section _____ Lot or Row # _____ Grave # _____

GRAVEOWNERS NAME: _____ RELATIONSHIP: _____

MARKER/STONE IN PLACE: YES / NO

VETERAN: YES / NO

WILL HONOR GUARD OR MILITARY BE PRESENT AT BURIAL: YES / NO

VAULT: _____ STANDARD _____ 96" x 36" Grave Size

_____ NON STANDARD _____
LENGTH WIDTH HEIGHT

****IF CHOOSING NON-STANDARD VAULT YOU MUST SUPPLY DIMENSIONS ABOVE****

CREMATION URN/VAULT SIZE: _____
(or Non-Corrosive Container) *LENGTH WIDTH HEIGHT*

FUNERAL HOME: _____ PHONE: _____

FUNERAL DIRECTOR MAKING DELIVERY:

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

FAMILY CONTACT NAME: _____ PHONE: _____

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

PLEASE MAKE ALL CHECKS PAYABLE TO TOWN OF SWEDEN

RECEIVED FROM: _____	Lot Sale Fee	\$
	Interment Fee	\$
	Vault Fee	\$
CHECK # _____ RECEIPT BOOK # _____	Overtime Fee	\$

TOTAL _____

CREMATION CERTIFICATE RECEIVED YES / NO

BURIAL TRANSIT PERMIT COPIED YES / NO

BODY DELIVERY RECEIPT COMPLETED YES / NO

FULLY PAID
or
COLLECT PAYMENT AT BURIAL