

BELLEVUE CEMETERY
INTERMENT ORDER/AUTHORIZATION

Name of Deceased:_____

Date of Death:_____ Date of Birth:_____

Veteran (select one) Yes_____ No_____

Next of Kin:

Name:_____

Address:_____

Phone:_____

Relationship:_____

Day and Date of Service:_____

Time at Cemetery:_____

Section:_____ Lot #_____ Grave #:_____ Reg. Burial:_____ Cremation:_____

Vault (check one) Yes_____ No_____ If Yes Vault Type_____

Veteran Marker (check one) Yes_____ No_____

Name of Funeral Director:_____

Payment from _____ Family _____ Funeral Home _____ Permit (**REQUIRED**)

This order must be signed by both funeral director and next of kin and presented to the Cemetery at least twenty four hours before the interment.

No interment shall be made until the fees have been paid. No exceptions.

Funeral Director:_____ Date:_____

Next of Kin:_____ Date:_____

This form can be emailed at dschiebel@cityoflawrence.com or tferris@cityoflawrence.com

Or faxed to (978)722-9530