Hanover Memorial Park
CEMETERY

ORDER FOR INTERMENT

NAME of Deceased:_____**ADDRESS:**_____

DATE OF BIRTH:_____**AGE:**_____ **MARRIED SINGLE WIDOWED (circle one)**

DATE OF DEATH:_____**TYPE OF VAULT:**_____**SUPPLIER:**_____

FUNERAL HOME:_____**FUNERAL DIRECTOR:**_____

FUNERAL HELD ON:_____**AT:**____**am/pm TYPE OF INTERMENT:**_____

SERVICE LOCATION:_____
SECTION:_____**BLOCK:**_____**LOT #**_____

NEAREST RELATIVE:_____**RELATION:**_____

ADDRESS OF RELATIVE:_____**PHONE:**_____

The undersigned affirms they are the lawful next of kin, authorized agent, certificate holder, or legally authorized representative with authority to direct the interment and authorize Hanover Memorial Park Cemetery to proceed.

SIGNED:_____

DATE: _____

Date of Death is to be paid 60 days after service if not already included on headstone.

Lot sale date _____- O/C _____- Vault_____ -Stone _____

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