

LAKEVIEW CEMETERY BURIAL ORDER

FORM MUST BE FILLED OUT COMPLETELY OR BURIAL WILL NOT BE SCHEDULED Email

Completed Burial Order to Hwyclerk@townofsweden.ny.gov 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)

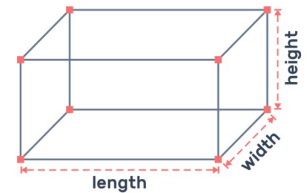
GRAVE LOCATION: Section _____ Lot or Row # _____ Grave # _____

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