



City of Richmond
Department of Parks, Recreation and Community Facilities
Cemeteries Operations Division

INTERMENT ORDER

DATE:

To: Cemeteries Operations Division Manager
City of Richmond, VA

You are hereby authorized and instructed subject to your rules, policies, ordinances and regulations, to inter the remains of:

Name of Deceased: (First) (M.I) (Last)

Place of Death: Cause of Death:

Plat No. Division No.

Section: Lot No.

Vault Furnished by:

Charges:

Funeral Director:

Address: Time of Funeral: AM PM

Place: Day: Date: 20

Remarks:

I hereby certify that I am the (Relationship) of the

above-named decedent and this is your authority to make disposition of the remains of said decedent as above indicated and as shown in the diagram on the reverse side of this Interment Order. I hereby certify and represent that I have the right legally to make this authorization and I agree to hold the City of Richmond harmless from any liability on account of said authorization and interment. I further certify that I am the owner of, or have the legal right to order an interment in this lot.

Signature:

Name:

Address: Zip:

Phone: ( ) Witness:

Payment for above Guaranteed by: (Authorized Representative)

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: Interment Book: Number: Page Line:

Owner's name: Lot book no. Page:

CEMETERY ADMINSTRATOR: