

**Oak Hill Cemetery Association**  
**1705 Mt. Vernon Road S.E.**  
**Cedar Rapids, IA 52403**  
**319-362-8452**

**Interment Information**

**ORDER FOR INTERMENT**

Name of Deceased: \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Affiliations \_\_\_\_\_

Grave Block Number \_\_\_\_\_ Lot Number \_\_\_\_\_ Space \_\_\_\_\_

Mausoleum \_\_\_\_\_ Mausoleum Family Name \_\_\_\_\_ Location \_\_\_\_\_

Type of Interment \_\_\_\_\_

Outer Burial Container \_\_\_\_\_ Size \_\_\_\_\_

Service Time \_\_\_\_\_ Service Date \_\_\_\_\_ Service Day \_\_\_\_\_ Service Place \_\_\_\_\_

Funeral Director: Name \_\_\_\_\_ Funeral Home \_\_\_\_\_

Clergy: \_\_\_\_\_ Church \_\_\_\_\_

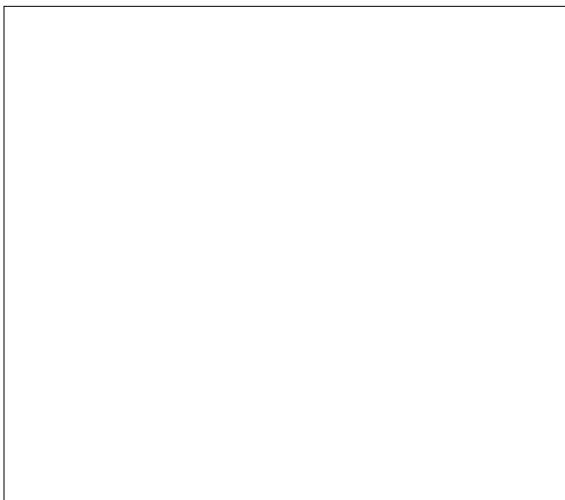
Committal: \_\_\_\_\_ Remarks: \_\_\_\_\_

Tent and Equipment: \_\_\_\_\_

Special Services: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

LOT DIAGRAM



TEMPORARY MARKER INSCRIPTION

Cemetery Service Fees	
Interment and Recording Fee	\$ _____
Saturday/Sunday Surcharge	\$ _____
Completion Date on Monument	\$ _____
Tent & Equip. for Graveside Committal	\$ _____
_____	\$ _____
_____	\$ _____
SUBTOTAL	\$ _____
SALES TAX	\$ _____
TOTAL CHARGES	\$ _____

THE TOTAL CHARGES \$ \_\_\_\_\_ WILL BE  
 PAID BY \_\_\_\_\_  
 ON OR BEFORE \_\_\_\_\_

SPACE HELD IN THE NAME OF \_\_\_\_\_

I hereby certify that I am \_\_\_\_\_ of the space owner and the proper person and have the authority to authorize the interment of the above decedent and assume all responsibility for such authorization. I further agree to hold Oak Hill Cemetery Association harmless on account of deterioration or collapse of my container used for the interment of the above decedent and that this interment is to be made subject to the Rules and Regulations of the Oak Hill Cemetery Association.

Ownership \_\_\_\_\_

SIGNED \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_