

Lone Tree Cemetery ~ Interment Order Form

Phone: 319-629-4615 FAX: 319-629-4285 lonetreecity@windstream.net

Date _____

I hereby certify that I am the Owner/Agent for Owner, and as such authorize and instruct you, subject to your Rules and Regulations, to inter the remains of

in Grave No. _____ Block No. _____ Lot No. _____
in Section _____ Vault _____
If Cremation, size of urn/vault: L _____ W _____ H _____
Funeral Home: _____ Funeral Director: _____
Phone: _____ Fax: _____
Services will take place at _____ Date _____ Time _____
Remarks: _____

And prior to the opening of the Grave Space, I agree to pay to the order of: City of Lone Tree:

Deceased Record

Born: _____

Died: _____

Age: _____

Expenses

Opening & Closing \$ _____

Contemporary Care \$ _____

Winter Charge \$ _____

Total Expense \$ _____

Owner: _____

Relationship: _____

Agent, authorized: _____

Address: _____

Signature: _____

Phone: _____

OFFICE USE ONLY

Date Interment Received: _____ Time Interment Received _____

Date Interment Order: _____ Date Paid: _____