

Burial First Call Sheet

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| Cemetery Name | |
| *Legal Name of Deceased | |
| *Last Known Address of Deceased | |
| Parish Name & Location | |
| *Date of Death | |
| *Age & DOB | |
| Birthplace (City) | |
| Funeral Date/Time/Location | |
| *Funeral Home s.445.01 (6) | |
| *Name of Person Authorizing the Burial (closest living relative) | |
| Next of Kin Address & Phone # | |
| *Relationship of Said Person to Deceased | |
| Who to Bill? Or Pre-Paid? | |
| Billing For: (Service & Amounts) | |
| *Date & Time of Ent./Int./Inurn. | |
| Will there be a Witness? | Family <input type="checkbox"/> Yes <input type="checkbox"/> No Funeral Director <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chapel Service? If Cemetery has a chapel on site. | |
| *Exact Location of Burial | |
| Casket or Urn | |
| *Burial Vault Used (i.e. Monticello from Brown Wilbert or Weise, list if oversized or not) | |
| *Type of marker (i.e. granite, marble, bronze) | |
| *Style of Grave Marker, Monument or Memorial (i.e. flush, upright, slant, bevel, memory bench/rock, cremation bench, niche or crypt front) | |

*Required by state law 157.62 (5)