

# Burial Order Form

## Applicant Details

- **Name:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Address:**  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
ZIP/Postal Code: \_\_\_\_\_

## Deceased Details

- **Full Name:** \_\_\_\_\_
- **Date of Death:** \_\_\_\_\_
- **Date of Burial:** \_\_\_\_\_
- **Cemetery/Location:** \_\_\_\_\_

## Services Requested

Service No.	Description	Quantity	Unit Price	Total Price
1				
2				

- **Subtotal:** \_\_\_\_\_
- **Tax (if applicable):** \_\_\_\_\_
- **Total Amount:** \_\_\_\_\_

### **Payment Method**

- ☐ Credit Card
- ☐ Debit Card
- ☐ PayPal
- ☐ Bank Transfer
- ☐ Cash

### **Terms and Conditions**

1. All burial arrangements must comply with local regulations.
2. Payments must be settled prior to the burial date.

### **Signature**

I confirm the details provided are correct and agree to the terms and conditions.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_