

TULARE PUBLIC CEMETERY DISTRICT

900 EAST KERN AVENUE ** TULARE, CA 93274

PHONE: (559)686-5544 FAX: (559)686-7484 Email: funeral@tularecemtery.net

SERVICE INFORMATION WORKSHEET

Complete this service information worksheet to schedule all services for our North or Kern cemeteries. This information is mandatory to schedule services. Verbal communication of information does not secure any dates on our calendar. Until this form has been received at our office and confirmed by our office staff by either a phone call or email reply to you, it will not be secured on our calendar for services. It is important to get the worksheet completed and turned in ASAP because we will secure dates for services in the order the forms are received.

Today's Date: _____

Mortuary & Funeral Director: _____ Phone/Fax: _____

Veteran

Name of Deceased _____

Address (if out of district, list address if deceased owned property in district) _____

Deceased Date of Death _____ Place of Death _____

Deceased Date of Birth _____ Deceased Place Birth _____ Marital Status of Deceased _____

Responsible Next of Kin _____ Relationship _____

Address of Responsible Next of Kin _____ Phone Number _____ Email _____

Responsible Party Paying for Services _____ Phone Number _____

Address of payee _____ Email _____

Cemetery _____ Grave No. _____ Lot/Row _____ Block _____ Section _____

List Type of Interment (Single, Double Depth, Cremation, or Niche) _____ Type of Casket _____ Vault _____

List outside dimensions of Casket or Urn and specify if it is considered an oversize: Oversize Yes / No

- List from handle to handle Length, Height and Width on casket _____

Type of Service _____ Date _____ Time (starts at Church) _____ Cemetery Est Arrival Time _____

****Will there be an additional internment that will also be arranged for this same service? Yes or No**

If YES please follow the same instructions as listed above for any and all additional internments that will be interred with the deceased listed above; such as urn being placed in casket with another deceased.

Charges to be paid by _____ Amount Due to Cemetery \$ _____

*****MORTUARY OFFICIAL WHO IS MAKING ARRANGEMENTS PLEASE READ AND SIGN:**

I declare that the service listed on this form is being scheduled for only the deceased listed above and that the only remains to be interred for this service are of the deceased specified specifically on this form. If there will be additional internments for this service such as, but not limited to; an urn of another individual placed in the casket along with the deceased listed above, I will complete an additional form for that deceased individual and follow the same process for confirmation as listed in the above instructions. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Funeral Director Sign & Date: _____

Responsible party making arrangements for deceased listed on this form- please review information above and sign and date if correct:

Sign & Date: _____ Approved by Cemetery – Date & Sign _____