

**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 -Branch \_\_\_\_\_

Name of Deceased \_\_\_\_\_

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

Deceased Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_ Age at Death \_\_\_\_\_ Male/Female \_\_\_\_\_

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 \_\_\_\_\_

KERN  NORTH Cemetery Grave No. Lot/Row Block Section

List Type of Interment (Single, Double Depth, Cremation, or Niche) \_\_\_\_\_ Type of Casket \_\_\_\_\_

***Required Information from the Mortuary:***

List outside dimensions of Casket or Urn and specify if it is considered an oversize: Oversize Y N

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

Rosary & Mass  Church Service  Graveside (No Church Service)  Direct Burial No Guests

Date \_\_\_\_\_ Time (starts at Church) \_\_\_\_\_ Cemetery - Est Arrival Time \_\_\_\_\_

**\*\*Will there be an additional internment that will also be arranged for this same service? Y 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 \_\_\_\_\_