

**TULARE PUBLIC CEMETERY DISTRICT**  
**900 EAST KERN AVENUE \*\* TULARE, CA 93274**  
**PHONE: (559)686-5544 FAX: (559)686-7484**

**SERVICE INFORMATION WORKSHEET**

Please complete this service information worksheet. This information is mandatory to the schedule your service. Please fax form to the Tulare Public Cemetery District at 559-686-7484 before calling the cemetery. **Before a date and time for the service is set, it is mandatory that you obtain permission from the cemetery.** Thank you for your cooperation.

Today's Date: \_\_\_\_\_ Mortuary: \_\_\_\_\_

Arranger: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Veteran

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

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

Place of Death \_\_\_\_\_

Marital Status of Deceased \_\_\_\_\_

Deceased Date of Birth \_\_\_\_\_

Deceased Date of Death \_\_\_\_\_

Deceased Place Birth \_\_\_\_\_

Responsible Next of Kin \_\_\_\_\_

Relationship \_\_\_\_\_

Address of Responsible Next of Kin \_\_\_\_\_

Phone Number \_\_\_\_\_

Responsible Party Paying the Funeral Home \_\_\_\_\_

Phone Number \_\_\_\_\_

Address of payee \_\_\_\_\_

Grave No. \_\_\_\_\_

Lot/Row \_\_\_\_\_

Block \_\_\_\_\_

Section \_\_\_\_\_

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

Type of Crypt/Vault \_\_\_\_\_

Type of Service \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

List outside dimensions of cremation urn or oversize products, if used

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

Charges to be paid by \_\_\_\_\_ Amount \$ \_\_\_\_\_

Approved by Cemetery – Date (This Line for Cemetery Use Only) \_\_\_\_\_