

Sheridan Municipal Cemetery

Interment Request



DECEASED INFORMATION

Cemetery Name		Location	Phone	Private Cemetery Contact
Last Name		First and Middle Name	Address	Relationship to owner:
Interred with		Opened/Closed By	Owner of Plot	
Title	Suffix	<input type="checkbox"/> Resident (y/n)	<input type="checkbox"/> Veteran (y/n)	Overized Casket (y/n)
Age	Gender	<input type="checkbox"/> Indigent (y/n)	Branch	Ethnic Background:
Birthplace		Location Note	Era	Urn Dimensions
Death Cert #	Deed #	Date of Birth	Faith/Establishment	Date of Burial
Cause of Death		Date of Death	Funeral Home	
Place of Death		Cemetery Sexton	Place of Service	Date of Service

BURIAL TYPE

- Weekday Full Burial **\$450**
- Weekday Cremation **\$150**
- Weekday Baby **\$30**
- Saturday Full Burial **\$700**
- Saturday Cremation **\$225**
- Saturday Baby **\$50**
- 3rd Party Cremation **\$0**
- Double Cremation **\$225**
- Saturday Double Cremation **\$300**
- Columbarium Open/Close **\$100**

BOLD *Required fields

Notes:

INVOICE

Bill to:	Service Fee	Date	Invoice Number
			CEMIR-
Address	*Seasonal Fee	Amount Paid	Receipt #
City	State	Zip Code	Total
Payment Method			Account 10.4305.0000.0000