



ISGVF CEMETERY NOTIFICATION

DECEDENT INFORMATION

Decedent Name: _____

Date of Birth: _____ Date of Death: _____ Veteran? YES No

Age: _____ Sex: _____ S.S. N: _____

Authorized Representative: _____ Relationship: _____

Representative Address: _____

Phone Number: _____ Alternative Number or E-mail: _____

Place of Body: _____ Body Released by Hospital/Doctor: YES No

Cemetery Appointment/Arrival Date: _____ Time: _____ (AM) (PM)

FUNERAL HOME INFORMATION

Director: _____

Location Name: _____ Location Number: _____

Location Address: _____

Phone Number: _____ Fax Number: _____

INTERMENT RIGHT OWNER INFORMATION

Does Family Own Interment Rights at VFMG? Yes No

Interment Right(s) Description: _____

Interment Right Owner: _____ Relationship: _____

Address: _____

Phone Number: _____ Alternate Number or E-mail: _____

SEVICE INFORMATION

Place of Janaza Prayer: _____ Person Leading Prayer: _____

Time of Prayer: _____ AM PM Date: _____ / _____ / _____

Casket Type: Cardboard Wood Casket Description: _____ Oversized? Yes No

Vault Description / Manufacturer: _____

Committal at: (select one) Gravesite Mausoleum Chapel Chapel Special / False Setup

COMMENTS

Completed by: _____

Date: _____ Time: _____ AM PM