Department of Parks, Recreation & Cultural Arts
Hillcrest Municipal Cemetery Division

INTERMENT ORDER

No less than (36) thirty-six hours notice is required before interments can be made. Call first to schedule service time.

Date: _____, 20_____

To: **Hillcrest Municipal Cemetery Manager, 105 College Street, White House, TN 37188**
You may reach us during normal business hours, 7:15 am-5:15 pm, Monday-Thursday.
Phone: 615-672-4350 ext. 2114 Fax: 615-616-1057
On Fri, Sat, Sun, call 615-636-9606 or 615-210-4225. If needed, call the Police Dept dispatcher at 615-382-6863.

The undersigned hereby requests and authorizes the Hillcrest Municipal Cemetery, subject to your rules, policies, ordinances and regulations, to inter the remains of:

Name of Deceased: _____
(First) (Middle) (Last)

Section _____ Row No. _____

Plot: _____ Space No. _____

Vault: _____ Furnished by: _____

Opening/Closing Charges for Casket Interments:
$850/ ($650 if marker is already installed) Payment is due within 7 days of burial.**

For Burial of Cremains: $500/ ($300 if marker is already installed) Payment is due within 7 days of burial.**

****Opening and closing fee includes a $200 marker deposit that will be refunded if one is placed within 1 yr. from the date of burial.**

Holiday Charges: $100 more for burial on Easter, Christmas, New Year's Day, Mother's Day, Father's Day, Thanksgiving & July 4th.

Cost to scatter a cremation: $25 **Monument Foundation Fee: 25¢ per square inch**

Payment Amount: _____ Cash: □ Check: □ Check #: _____

Payment Guaranteed by: _____

Name of Funeral Home: _____ Funeral Home phone #: _____

Funeral Director: _____ Funeral Director mobile #: _____

Service information
Location of Funeral Home: _____ Time of Funeral: ____:_____m Graveside □ Chapel □

Day of Funeral: _____ Date of Funeral: _____, 20_____
(Continue to the next page)

Remarks: _____

I hereby certify that I am the _____ of the above-named decedent and this is
(Relationship)
your authority to make disposition of the remains of said decedent as above indicated in this Interment Order. I hereby certify and represent that I have the right legally to make this authorization and I agree to hold the City of White House and its officers and employees, and the Hillcrest Municipal Cemetery Board of Trustees harmless from any liability on account of said authorization and interment. I further certify that I am the owner of, or have the legal right to order an interment in this lot.

Signature: _____

Printed Name: _____

Address: _____**Zip:** _____

Home Phone: (___) _____ **Mobile Phone: (___)** _____

Witness: _____

****Please Do Not Write Below This Line (office use only) ****

Date Received: _____ **Owner's Name**_____

Cemetery Administrator: _____

Date of Payment Receipt: _____