

***BELLEVUE CEMETERY***  
**INTERMENT ORDER/AUTHORIZATION**

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

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Veteran (select one) Yes \_\_\_\_\_ No \_\_\_\_\_

Next of Kin:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Day and Date of Service: \_\_\_\_\_

Time at Cemetery: \_\_\_\_\_

Section: \_\_\_\_\_ Lot #: \_\_\_\_\_ Grave #: \_\_\_\_\_ Reg. Burial: \_\_\_\_\_ Cremation: \_\_\_\_\_

Vault (check one) Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes Vault Type: \_\_\_\_\_

Veteran Marker (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Funeral Director: \_\_\_\_\_

Payment from \_\_\_\_\_ Family \_\_\_\_\_ Funeral Home \_\_\_\_\_ Permit (REQUIRED)

This order must be signed by both funeral director and next of kin and presented to the Cemetery at least twenty four hours before the interment.

No interment shall be made until the fees have been paid. No exceptions.

Funeral Director: \_\_\_\_\_ Date: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Date: \_\_\_\_\_

This form can be emailed at [sonia.lopez@cityoflawrence.com](mailto:sonia.lopez@cityoflawrence.com) or  
[carmenlopez@cityoflawrence.com](mailto:carmenlopez@cityoflawrence.com)