



Oak Hill Cemetery Interment Form

Date: _____

Name of the deceased: _____

Date of birth: _____ **Date of death:** _____

Name & phone number of contact person(s) (state relationship to deceased):

Funeral Home: _____

Service Date & Time: _____

Plot Information:

Block: _____ **Lot:** _____

Burial Type: Cremation or burial

Open/Close Information:

Date Paid: _____ (must be paid in full before open/close can be done)

Comments: _____

Signature

City Official Signature

