## ONEIDA CHARTER TOWNSHIP CEMETERY BURIAL PREPARATION FORM

Date Form Submitted:				
Full Name of Deceased:		_DOB:	DOD:	
Burial Date:	Requested Burial Time:	am/pr	า	
Burial Type:  Casket  Crema	ation Veteran: $\Box$ yes $\Box$ no	Military Brar	nch:	
Burial Lot Deed Holders Name:		Phone:		
Oneida Township Cemetery (che	eck (x) one): 🛛 Union 🔲 Strang	ge 🗌 Pioneer		
(If Known) Lot: B	lock:Section:			
Name of Funeral Home:				
Contact Name:		Phone:		
Family Contact Name:		Phone:		
E-Mail Address:		Cell Phone	:	
Cemetery Costs CEMETERY LOT (TOWNSHIP I Casket Burial with or without Se	RESIDENT \$200.00 / NON-RESIDEI e <b>rvice</b>	NT \$500.00)	\$	
•	ILT BURIAL \$500.00 / INFANT-CHI	LD \$500.00)	\$	
Cremation Burial GRAVE OPENINGS (wit Burial Options	h Service \$200.00 / without Servi:	ce \$175.00)	\$	
WINTER BURIALS Dec. 1 <sup>ST</sup> - Marc	h 1 <sup>st</sup> (\$100.00 ADDITIC	ONAL COST)	\$	
SATURDAY BURIALS	(\$75.00 ADDITIC	ONAL COST)	\$	
DAY BEFORE OR AFTER CHRISTM THANKS		ONAL COST)	\$	
		TOTAL COST	\$	
FUNERALS MUST BE SCHEDULED	TO ARRIVE AT CEMETERY PRIOF	R TO 3:00 pm		
NO SUNDAY or HOLIDAY BURIA	LS			
(If Headstone will be supplied, H	leadstone Foundation form must	t be completed)		
Minimum of (72) hours prior to	scheduled burial, notify: Thoma Larry C	as Campbell at <u>5</u> Cords at 517.204		
	nit this completed form, a copy of			
check or money order payable to	o Oneida Township to: Campbell, 11041 Oneida Road, G	Frand Lodge MA	1 10027	
·	• • •	0,		
Phone: 517.622.8078 Fax #:		pbell@oneidato	ownsnip.org	
<u>NOTE: F</u>	PAYMENT DUE IN FULL PRIOR TO	BURIAL		
TO BE COMPLETED BY TOWNSHI	P CLERK/SEXTON			
Received by:	Date Rec'd:	Check #:		
Work Order Issued to:		Date Issued:		
Signature:		Date Completed:		