

***BELLEVUE CEMETERY***  
**INTERNMENT 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)**

**Or faxed to (978)722-9530**