



## INTERMENT REQUEST FORM

### Funeral Home Information:

**Business Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Internment Location:

**Cemetery Name:** \_\_\_\_\_

**Section:** \_\_\_\_\_ **Plot(s) #:** \_\_\_\_\_

**Documentation of ownership available?** Yes or No (circle one) If YES, please attach documents.

### Internment Service:

**Graveside Service Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Existing Head Stone:** Yes or No (circle one) **Type of Burial:** Full Burial or Cremation (circle one)

\*\* City of Manassas cost for full burial is \$690 or for cremation is \$360

**Special Requests:** \_\_\_\_\_

\_\_\_\_\_

### Deceased Information:

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

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

### Next of Kin:

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

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

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_



## INTERNMENT REQUEST FORM

**Signature of Requestor:**

**Date:**

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**City of Manassas Approved By:**

**Date**

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**Email Form and attachments to:** [cemeteries@manassasva.gov](mailto:cemeteries@manassasva.gov)