

SAINT ANTHONY OF PADUA CEMETERY
FUNERAL DIRECTOR'S GRAVE OPENING ORDER
(Please Type or Print)

To the Superintendent of Saint Anthony of Padua Cemetery. Please prepare a Grave for the Interment of

Name of Decedent: _____ Address: _____

Age: _____ years _____ months Date of Death: _____

Date of Burial: _____ Hour Arriving at Cemetery: _____

Section _____ Row _____ Lot _____ Grave _____ Open _____ Depth _____

Certificate Holder: _____ Parish: _____

BEFORE PROCEEDING TO THE GRAVE SITE, THE FUNERAL DIRECTOR MUST SUBMIT THE FOLLOWING TO THE PARISH OFFICE:

- Funeral Director's Grave Opening Order, completed and signed by the Funeral Director
- Affidavit of Ownership or Affidavit of Authority, completed by the Certificate Holder, signed, and notarized
- Civil Burial Permit
- All applicable Cemetery fees, paid in full. A separate check is required for each funeral.

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For Cemetery Use Only

Date Order Received: _____ By Whom: _____

Paid by Check #: _____ Amount: _____

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Terms and Conditions

In consideration of the approval of this Order, the undersigned Funeral Director hereby acknowledges and agrees to the following terms and conditions:

- 1] All services and activities conducted within the Cemetery are subject to the Rules and Regulations of Saint Anthony of Padua Cemetery, as published and revised from time to time by Saint Anthony of Padua Parish, and which are incorporated herein by reference. Terms used in this Order with capital initials and not otherwise defined shall have the meanings ascribed to them in the Rules and Regulations.
- 2] To avoid possible errors or misunderstandings that might arise when an order is given verbally, the Funeral Director is required to complete and sign this form. Copies will be supplied by Saint Anthony of Padua Parish. Saint Anthony of Padua Parish and its personnel are not responsible for any delay of any interment caused by conditions and circumstances beyond their control.
- 3] If granted, approval of this Order will apply solely with respect to the Interment of the above named decedent in the Lot and Grave above.
- 4] The undersigned Funeral Director represents, to the best of the Funeral Director's knowledge, the information contained above in this Order is true and correct, and that [s]he has been properly authorized by the Certificate Holder to submit this Order.

Name of Funeral Home: _____ Phone Number: _____

Signature: _____ Date: _____

Printed Name: _____