INTERMENT ORDER

ASCENSION CATHOLIC CEMETERY

Post Office Box 508 * Donaldsonville, LA 70346-0508 * Tel (504) 473-3176 * Fax (504) 473-3256

DATE OF ORDER			
NAME OF DECEASED	*(Last Name)*	*(First)*	*(Middle)*
DATE OF DEATH		**AGE AT DEATH:**	
NEXT OF KIN:		**TEL. NO.**	
MAILING ADDRESS			
FUNERAL HOME:		**FUNERAL DIRECTOR**	
TELEPHONE NO.:		**FAX NUMBER:**	

INTERMENT LOCATION					
CHECK ONE: CEMETERY		**MAUSOLEUM**		**TITLE/DEED NUMBER:**	
PLOT-SECTION-AISLE-ROW-CORRIDOR-TIER, AS APPLIES:					
OWNER/TITLE HOLDER:				**TEL. NO.**	
MAILING ADDRESS					
NAME WHICH APPEARS ON EXISTING TOMB/CRYPT DOOR, IF APPLICABLE:					
DATE OF LAST INTERMENT:		**NAME OF INTERRED**			
POSITION USED		**TYPE OF CASKET:**			
CHURCH FROM WHICH NEW BURIAL WILL BE ARRIVING:					
DAY & DATE OF NEW BURIAL:				**TIME:**	
CASKET INFORMATION:	**SIZE:**		**TYPE (WOOD OR METAL):**		

POSITION OF INTERMENT IN PLOT, TOMB, OR CRYPT (Check all which apply)							
UPPER		**LOWER**		**RECEIVER**		**OTHER:**	
LEFT		**CENTER**		**RIGHT**		**ABBEY**	

ITEMIZATION OF FEES		**AMOUNT**
FUNERAL MASS/SERVICES IN CHURCH & RITES AT GRAVESIDE		
MUSIC/CHOIR FOR CHURCH SERVICES		**N/C**
OPENING/CLOSING		
BURIAL SPACE RENTAL		
TRANSFERRAL OF REMAINS WITHIN SAME TOMB IN CONJUNCTION WITH A NEW BURIAL		
IF PLOT, BACKPAYMENT OF CEMETERY DUES OR PERPETUAL GROUNDS MAINTENANCE FEE *(If not current)*		
OTHER CHARGES:		
TOTAL FEES DUE→ →		

AS RESPONSIBLE PARTY, or AUTHORIZED AGENT (FUNERAL DIRECTOR) of the same, I have reviewed the interment order as placed hereon and reviewed the itemized fees above, and have checked both for accuracy, and I hereby authorize Ascension Catholic Cemetery to proceed with the interment as ordered, and agree to pay the total due to Ascension Catholic Cemetery for its expenses incurred by this interment.

____

Signature of Responsible Party
or Authorized Agent (Funeral Director)

____

Date