

CITY OF PARSONS

Cemetery and Memorial Gardens

INTERMENT ORDER

Revised October 1, 2014

No less than twenty-four hour notice is required before interments can be made.

Date: _____, 20 _____

To: City of Parsons Cemetery Manager, City of Parsons, TN, P.O. Box 128, Parsons, TN 38363.
You may reach us during normal business hours, 8:00-5:00 pm, Mon-Fri., by calling 731-847-6358. On Sat, Sun, call 549-7402. If needed, call the Police Department dispatcher at 852-3911.
The undersigned hereby requests and authorizes the City of Parsons Cemetery and Memorial Gardens, subject to your rules, policies, ordinances and regulations, to inter the remains of:

Name

(First) (Middle) (Last)

Section _____

Plot: _____ Space No. _____

A charge of \$200.00 will be made for the purchase of an individual "interment right" in the cemetery. This charge is due and payable at the time of interment or at the time of reserving an individual space, whichever comes first. This money and your donations will be used for cemetery maintenance and upkeep.

Plots being used must be marked with a permanent headstone. A \$150.00 deposit for a standard grave marker for all future interments will be required at time of interment. The deposit will be refunded upon the placement in a timely manner (six (6) months) of a permanent marker or headstone by the surviving family members or representatives. If no marker or headstone has been placed during this period, the Cemetery Board may authorize the cemetery manager to order the installation of a \$150.00 standard grave marker.

_____ Cash: _ Check: _ Check #: _____

Payment Guaranteed by:

Name of Funeral Home: _____

Funeral Home phone #: _____

Funeral Director: _____

Funeral Director mobile #: _____

(Continue to the next page)

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Service information

Location of Funeral Home: _____ Time of Funeral: ____:____ m Graveside _
Chapel _

Day of Funeral: _____

Date of Funeral: _____, 20 _____

Remarks:

I hereby certify that I am the _____ of the above-named
(Relationship)

decedent and this is your authority to make disposition of the remains of said decedent as above indicated in this Interment Order. I hereby certify and represent that I have the right legally to make this authorization, and I agree to hold the City of Parsons, Tennessee and its officers and employees, and the Parsons City Cemetery and Memorial Gardens Board of Directors harmless from any liability on account of said authorization and interment. I further certify that I am the owner of, or have the legal right to order an interment in this lot.

Signature:

Printed Name:

Address: _____ Zip: _____

Home Phone: (____) _____

Mobile Phone: (____) _____

Witness: _____

****Please Do Not Write Below This Line (office use only)**

Date Received: _____

Owner's Name _____

Cemetery Administrator: _____

Date of Payment Receipt: _____

535 TN. AVE S., P.O. BOX 128, PARSONS, TN 38363 PHONE: 731-847-6358

WE TAKE PRIDE IN PARSONS