



Romulus Memorial Cemetery
10202 Shook Road, Romulus, Mi 48174

FUNERAL ARRANGEMENT REQUEST WORKSHEET

NAME OF DECEASED: _____ SEX: ___M ___F

ADDRESSES OF DECEASED: _____ CITY: _____ ZIP _____

DATE OF DEATH: _____ DATE OF BIRTH: _____ MARITAL STATUS: _____

Ethnicity: ___African American ___Caucasian ___Hispanic ___Native American ___Other

ANNEX ___ BLOCK ___ LOT ___ PLOT ___

Date of Service _____ Time of Service: _____ Arrival at Cemetery: _____

Burial type: ___ Vault (Embalmed) ___ Urn (Cremated) (interred in ___ occupied / ___ unoccupied gravesite)

FUNERAL HOME INFORMATION:

FUNERAL HOME: _____ DIRECTOR: _____

ADDRESS: _____ PHONE: _____

WEBSITE/EMAIL: _____ FAX: _____

VAULT COMPANY: _____ PHONE _____

LOCATION OF FUNERAL SERVICES: _____

FAMILY MEMBERS/NEXT OF KIN:

Name of Family Member _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

_____ EMAIL: _____

SPECIAL INSTRUCTIONS/REQUESTS: _____

PURCHASE OF PLOT/OPENING AND CLOSING INFORMATION:

Purchase Plot: Amount paid \$ _____ Receipt # _____ Paid in full ___Yes or ___No

Opening / Closing: Amount paid: \$ _____ Receipt # _____ Paid in full ___Yes or ___No

FUNERAL DIRECTOR TO PRESENT CHECK FOR OPENING AND CLOSING TO CLERK'S OFFICE.

FUNERAL DIRECTOR TO MAIL CHECK FOR OPENING AND CLOSING TO CLERK'S OFFICE.

TOTAL AMOUNT DUE\$ _____

DPW WORK REQUEST

___ PROBE FOR BURIAL: ANNEX ___ BLOCK ___ LOT ___ PLOT ___ VERIFIED ___ UNOCCUPIED ___ OCCUPIED

DPW Initials _____