GARDEN OF MEMORIES MEMORIAL PARK & CHAPELS, INC.

**COMPLIANCE REQUIREMENTS**

JOB ORDER NO.:

## NAME OF DECEASED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST **NAME**

MIDDLE NAME

SURNAME

## DATE OF INTERMENT: \_

DAY/TIME \_

### LOCATION: REMARKS:

JOB ORDER RELEASED BY:

**MARKETING** DEPARTMENT

DATE: \_ TIME: \_

JOB ORDER RECEIVED BY: DATE: \_

# TIME: \_

**PARK** OPERATIONS MANAGER

(SIGNATURE)

PARK OPERATIONS STAFF

(SIGNATURE)

# DATE: \_

### TIME: \_

GARDEN OF MEMORIES MEMORIAL PARK AND CHAPELS INC.

**COMPLIANCE REQUIREMENT**

### INTERMENT SERVICES "' MEMORIAL LOT

[TO BE ACCOMPLISHED COMPLETELY (typewritten or handwritten). DO NOT LEAVE ANY ITEM IN BLANK.

THIS FORM MUST BE DULY SIGNED BY AUTHORIZED OFFICER/EMPLOYEE AS REQUIRED **UNDER ITEM STATED.]**

###### Name of Deceased \_

FIRSTNAME MIDDLENAME

Date of Birth-------- Date of Death--------

**SURNAME**

Funeral Parlor \_

*To furnish us a copy of death certificate and burial permit (if serviced by other funeral company) (and exhumation and re-burial permit for bone transfer from the cemetery)}*

1. **Informant's Full Name** Relationship to the Deceased. \_

##### Informant's Address

Telephone No. \_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3. **JOB ORDER: LOCATION OF LOT NO.** | | **Phase** | **Garden** |  | **Court** |
|  | **Section** | Type | **Block** | | |

1. **A,. Name of Lot Owner ---------- Address -**

3.a.l. Contract No.

3.a.2. Title No. (Usufructuary) \_ = = *(Must be presented for record entry)*

J.B. Date of Interment · Time

A.M. **P.M.**

3.C. DEPTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1st Interment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**2nd Interment**

Above Ground (crypt) Interment Reserve Vault Bone Crypt

#### Transfer within the Park

**Fresh Interment**

**Bone Transfer Ash Interment**

#### REMARKS:

###### 3.D. Interment Fees/ Other Fees

3.d.l. Interment Fees Php \_OR No. -------- Date\_· \_

* + 1. Transfer Fees Php \_ OR No. Date
    2. Flat Marker Pbp \_ OR No. · **Date \_**
    3. Memorial Lot Php \_ OR No..

Date

* + 1. Other Charges Php \_

###### 3.E Crypt Construction

OR No..--------

#### Date. \_

3.e.l. · **Pier** & **Reserve Vault** Date Started

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##### Date Finished

TIME \_ ------

TIME

. 3.e.1.a Parle Employees

Name in Print & Signature Name in Print & Signature Name in Print & **Signature**

#### Above Ground Crypt

* + 1. · **Pier Only**

**Name of Contractor** {Full **Name}**

Date Started \_Date Finished'----------

Date Started \_Time

Date Finished \_

Time

3.e.l.a Park Employees

1. **Casket:** Length

Metal

Name in Print & Signature

Width ------

Wood

**Name** in Print & **Signature** Height Local

Name in Print & **Signature**

Imported

Information Given By:

1. **Flat Marker/ Job Order No.** 
   1. Epitaph No.

Date/Time \_

. (Please write/type ful1 details of Epitah)

* 1. Noted By:

Name in Print & Signature)

* 1. RECEIVED BY (Park Operation Department)

Name in Print & Signature)

##### Date

Date

Time

Time\_--'-----