

Before calling to schedule a burial or entombment please gather the following information:

Funeral Home _____ Director _____

Date _____ Phone _____

Decedant:

Full Legal Name _____

Date of Birth _____ Date of Death _____

Was the decedent a member of the Armed Forces _____ Branch _____

Casket type _____ Urn type _____

Certificate of Cremation is required for all inurnments.

Arrangements:

Contact: _____

Address _____

Phone _____ Email _____

Relationship to deceased _____

Authorization for Interment must be signed and returned before interment.

Authorization form can be found on this site.

Property:

Property owner: _____

Location: Mausoleum Phase _____ Elevation _____ Tier _____ Crypt _____

Niche _____

Grounds Section _____ Lot _____ Grave number _____

Relationship of Deceased to property owner _____

Service:

Date _____ Day of Week _____ Time _____

Is use of chapel requested _____

Service size, please estimate number of attendees _____

Fax this page to 908 953 9408 or email to Services@SHMPCemetery.com

Property information will be verified by SHMP. You will be contacted by SHMP to finalize service details.